



214 Asbury Road, Egg Harbor Twp, NJ 08234

609 703-9130

www.heartstrc.org website

info@heartstrc.org email

Payment Policy

The Barn Rats Club will be held the last Sunday of each month from 1 pm to 3 pm. During this time, the group will learn about horses, their care and needs, as well as hands on experiences. The instructor is nationally certified through PATH International and has over 10 years' experience in the equine industry.

The cost is \$35 per child per month. Save \$15 if payment is made to cover three (3) months in advance.

REFUND POLICY: A refund will only be given if the instructor or substitute instructor is not available on the club date each month.

There is no refund if the session is held and the child does not attend. There are a limited number of spots, so if a child(ren) misses three (3) consecutive sessions, their spot will be forfeited without refund and given to a child on our waiting list.

I have read and agree to the above policy.

Parent's Name (print) _____

Parent's Signature _____ Date _____

Child(ren)'s Name(s) _____



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I, the undersigned, as a participant, or the parent and/or guardian of named minor, _____, for and in consideration of the agreement of Hearts TRC, INC to provide equine activities, do hereby forever release, acquit, discharge and hold harmless, Hearts TRC, INC, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now, or in the future, have against Hearts TRC, INC on account of any personal injuries, physical or mental condition, known or unknown, to the person of said myself, or said minor and the treatment therefore, as a result of, or in anyway growing out of, the acts of Hearts TRC, INC, including, but not limited to, their negligence, or gross negligence, in rendering the services above described or in anyway incidental thereto.

WARNING

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ANIMAL ACTIVITIES, PERSUANT TO P.L., CHAPTER 287.

DATE _____

NAME OF PARTICIPANT

DOB

SIGNATURE OF PARENT/GUARDIAN OF MINOR

PRINT NAME OF PARENT/GUARDIAN OF MINOR

PHOTO RELEASE

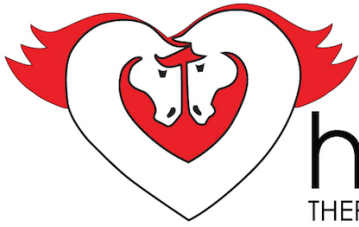
_____ I DO _____ I DO NOT (check one)

Give Hearts TRC, INC permission to use my/my child's photograph or video for promotional and educational purposes.

DATE _____

SIGNATURE _____

PARENT OR LEGAL GUARDIAN



hearts INC
THERAPEUTIC RIDING CENTER

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BARN RATS CLUB REGISTRATION FORM

Child's Name _____ DOB _____

Address _____ Town _____ State/Zip _____

Parent's Name(s) _____

Home Phone _____ Cell Phone _____

Email Address _____

In Case of Emergency Contact _____ Phone _____

Name of Doctor _____ Phone _____

Allergies _____

Medications _____

Disabilities _____

Any additional information needed about your child _____
