

Sea Horse Farm 2011

Rider's Name: _____

M/F: ____ Age: ____ Height: _____ Weight: _____

Parent's Name: _____

Permanent Address: _____

Permanent Home Phone: _____

Permanent Email Address: _____

Summer Address: _____
(if different)

Summer Phone: _____

Summer Email: _____

Any allergies, disabilities or illness:

Please give a brief description of the child's experience with horses:

Week(s) Requested to Attend (space is limited reservation required)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> June 20 - 23 | <input type="checkbox"/> July 18 - 21 | <input type="checkbox"/> August 15 - 18 |
| <input type="checkbox"/> June 27 - 30 | <input type="checkbox"/> July 25 - 28 * | <input type="checkbox"/> August 22 - 25 |
| <input type="checkbox"/> July 4 - 7 | <input type="checkbox"/> August 1 - 4 | <input type="checkbox"/> August 29 – Sept. 1 |
| <input type="checkbox"/> July 11 - 14 | <input type="checkbox"/> August 8 - 11 | |

Program Fee is \$225 per week. A \$125 non-refundable deposit per child per week is required with application in order to reserve you space. *July 25 - 28 open to advanced riders only.

Please mail registration and check to:

Ginna Riker
1037 New York Avenue
Cape May, NJ 08204

Release:

Date: _____

It is hereby acknowledged and understood that Horseback riding is a dangerous activity. (I) (We) the undersigned, as parents or legal guardians of _____ from this date on, hereby release and hold harmless HVR LLC and/or Sea Horse Farm LLC & their employees, from any damages that may occur as a result of any injuries sustained while taking horseback riding instruction on the property of Seahorse Farm LLC,. This shall include all losses, damages, costs and counsel fees that may occur as a result of injury, and related claims by any parties.

I understand risks are involved in horseback riding and working with horses and ponies, and by signing this agreement take full responsibility for (my) (our) child in the event of any injury.

(I) (We) have read this release, and understand it terms and sigh it voluntarily and with full knowledge of its significance.

Parent's Signature: _____

Legal Guardian's Signature: _____

Witness: _____