

SNF Summer Camp Full Day

Name: _____ Gender: _____

Age: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #'s: H: _____ C: _____

Contact information

Mother/Father's names:

Phone: _____ Email: _____

Emergency contact:

Phone: _____

Medical information

Insurance company and Number _____

Allergies: _____

Medications: _____

Is there anything else you feel is important for us to know about your child?

REGISTRATION

CAMP SESSION

Please fill in camp dates you will be attending.

Cost: \$350

Please make checks payable to **Second Nature Farm**

Mail checks with registration form to : 420 Catamount Rd, Oxford Pa., 19363.

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RELEASE

The undersigned acknowledges that they are the parents or legal guardians of the applicant and that in consideration of their child being permitted to participate SECOND NATURE FARM day camp and other riding activities, being aware of the risk of injury to the child and agree they will be responsible for and hereby release SECOND NATURE FARM and its employees from any and all liability, including negligence, by reason of injury to their child, themselves, or their property during the day camp and riding activities including but not limited to riding lessons, trail rides, exercise, jumping, caring for horses before and after riding, showing etc.

Mother's signature: _____ date: _____

Father's signature: _____ date: _____

Guardian's signature: _____ date: _____ (if applicable)

WARNING: You assume the risk of equine activities pursuant to Pa. law. Warning: Under Pennsylvania law an equine professional and equine activities sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risk of equine activities. I/we acknowledge that equine activities are high risk activity. In consideration of the acceptance of this entry, whether mounted or unmounted, I release and in addition hold harmless SECOND NATURE FARM, its owners and agents, of and from any and all claims and demands of every kind which I may have or hereafter acquire for bodily injury, death, or property damage and from all liability from negligent acts or omissions.

Mother's signature: _____ date: _____

Father's signature: _____ date: _____

Guardian's signature: _____ date: _____ (if applicable)