



Paid_____

Adult Camp

Registration and Payment reserves your spot.

Mail to: SNF, 420 Catamount Road, Oxford PA, 19363 Email to: aneciasnf@gmail.com

Name:_____

Address:_____

Phone:_____ **E-Mail:** _____

Any Allergies:___Y/N_____

Emergency Contact:_____ **Phone:**_____

Will you be bringing your own horse? YES/NO

What is your experience with horses:

What are three things you would like to get out of this experience?

- 1.
- 2.
- 3.

Date of Camp you wish to attend:_____

Required Signature Release;

The undersigned acknowledges that they are the parents of legal guardians of the applicant and that in consideration of their child being permitted to participate in 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 the hereby release of SECOND NATURE FARM and their 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 the horse before and after riding, showing etc.

Anecia Delduco
@Anecia-Delduco

