

Shadow Creek Farm LLC.
1550 Hillendale Rd Chadds Ford, PA 19317
(443)907-9999
Shadowcreekfarm.com

Dear Parents,

Thank you for allowing your child to participate in what we believe will be a very enjoyable horse experience for them. The instruction will include care, safety, nutritional programs, anatomy, and the physiology of the horse. This class/camp is designed to provide a strong knowledge base on the horse along with complete riding instructions in a positive manner.

As a reminder: You will need to provide a copy of the child's insurance, a medical release form & indemnity agreement before your child can participate in class/camp. Children are required to wear boots and riding pants/leggings while riding. Helmets will be furnished.

We are not equipped for handicapped or special needs children during camp. Please enroll them in private lessons instead of camp. Again, Thank you for your registration. If you should have any questions or concerns before or during class/camp, please don't hesitate to call and speak directly to the owner, Corinne Deans at (443)907-9999.

Parents' Release and Indemnity Agreement for Shadow Creek Farm LLC.

Riding Class/Spring Break Camp/Summer Camp

I hereby request that you accept the enrollment of _____ in the Shadow Creek Farm LLC Riding Lesson/Spring Break Camp and/or Summer Camp and in consideration of your acceptance of the registration, I acknowledge that there is the possibility of injury when riding or working with horses. I hereby release Shadow Creek Farm LLC, the Deans Family, its executives, owners, employees, and all their heirs from any and all liability for any injury that my child may receive while preparing to ride, mounting, riding, dismounting, or returning the horse, and any other activities not enumerated, but which may pertain to "riding" a horse and/or visiting Shadow Creek Farm LLC.. This release is total and without reservation on my part.

I fully understand the danger of this activity and the possible harm which may result. I further understand that by signing this document that I am releasing my rights to seek recovery from Shadow Creek Farm LLC, the Deans Family, its executives, owners, employees, and their heirs. I also acknowledge that this total waiver shall operate to prevent my spouse, or my heirs from pursuing any such action arising out of this activity.

By signing this form, I acknowledge that I have read this form and understand it.

Date _____ Signature _____

(Parent or Legal Guardian)

Medical Certification

I hereby certify that my child, _____ is physically fit to participate in an active riding class, spring break camp and/or summer camp and I know of no physical impairments which would in any manner limit his/her participation in such a program.

Date _____

Signature _____

(Parent or Legal Guardian)

Consent To Treatment

I, _____, Parent/Guardian of _____ do hereby consent to any hospital, medical or surgical care or treatment, and the administration of anesthesia, determined by a qualified physician to be necessary for the welfare of my child while said child is under the care, custody, and control of Corinne Deans, and I am not reasonably available by telephone to give consent.

Date: _____

Signature: _____

(Parent or Legal Guardian) Address: _____

Telephone: _____ Birth date: _____

Allergies: _____ Special Medications: _____

Special Medical Concerns:

Family Physician: _____

Telephone: _____

Please list the only contacts allowed to pick up your child from camp.

Please list three emergency contacts with phone numbers:

Parent Signature: _____ Date: _____