**Registration Form**

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone & Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the week(s) your child will attend. There is a 48 hour cancellation policy. Payment is non-refundable if camper does not cancel 48 hours in advance of the first day of each camp.

|  |  |
| --- | --- |
|  | 10 AM-4 PM |
| 6/11/19-6/14/19 |  |
| 7/8/19-7/12/19 |  |

Pricing:

June camp (4 days)..............................................$300

July camp (5 days)............................................... $375

June camp + 4 lesson special...............................$450

July camp + 4 lesson special………………………………$525

 Amount enclosed: $\_\_\_\_\_\_\_\_\_

**DISCLOSURE STATEMENT AND RELEASE/PERMISSION CONSENT FOUR WILLOWS FARM, LLC**

The undersigned acknowledges that he/she assumes all the risks of riding or handling horses and specifically that riding can be dangerous if the horse is not properly in control and there is a risk of personal injury . The undersigned releases Four Willows Farm, LLC and Prairies Properties , LLC and all employees of Four Willows Farm, LLC from and against all liability from damages and expenses suffered by the undersigned as a result of being on or around the horses and facility operated by Four Willows Farm, LLC and Prairies Properties, LLC. This release shall apply to all future activities by the undersigned.

WARNING: Under Indiana Law, an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by Rider or Parent/Guardian if under 18 years of age: