

C & M FARMS & EQUESTRIAN CENTER LLC

**284 West Street
Bolton, CT 06043
860-646-3276**

Session Number _____

Childs name _____ age _____

Parent/Guardian _____

Address _____

Home phone # _____ Work# _____

Cell# _____ Email _____

Physical limitations/restrictions: Riding is a moderately strenuous activity. Please note any limitations, allergies, asthma, or attentional disorder which may effect your child's safety or enjoyment during the program. _____

Please list any riding experience: _____

Session choice: First choice _____ Second choice _____

Amount paid _____ Balance due _____

ASSUMPTION OF RISK

In consideration of my child's participation in this Summer Horse Program at C & M Farms, it is understood that I assume all risk in connection with any accident and or damage there may be to my child or property. I hereby release C & M Farms, its officers, employees and anyone associated with the organization of our program from any and all claims, demands and liability on account of any and all injuries, losses and damage to my child or my child's property that may occur during my child's participation in this program. The assumption of risk shall remain in effect until termination by written notice from me.

Signature _____ Date _____

(Parent or Guardian)

MEDICAL PERMISSION

I authorize C & M Farms to obtain medical attention for my child in the event of an emergency.

Signature _____ Date _____

(Parent or Guardian)

Insurance Carrier _____ Policy number _____

Please return this completed and signed application with your deposit to reserve your space.