

C & M FARMS EQUESTRIAN LLC



284 West Street, Bolton CT 06043

860-982-1781 or candmequestrian.com

Summer riding permission slip



Child name _____ nickname(if chose) _____ age _____

Parent/Guardian name _____

Address _____ city _____ state _____ zip _____

Contact phone # (in order you would like to be contacted)

Name _____ relation _____ # _____

Name _____ relation _____ # _____

Physical limitations/restrictions: Riding is a moderately strenuous physical activity. Barn has hay and animal hair. Please note any limitations, allergies/asthma or attentional disorder which may affect your Child's safety or enjoyment during this program. _____

List any riding experience; _____

Session 1st choice _____ 2nd choice _____ Deposit paid _____ Balance due _____

Email for confirmation _____

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 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 damages 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 by me. By signing this form, I am stating I am parent or guardian of above child.

Print name _____

signature _____

date _____

Medical Permission

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

Signature _____ Date _____

Insurance carrier _____ policy number _____

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