FOUR FILLIES FARM
RIDING CAMP

Name of Enrollee_____

Age_____Birthday_____Sex_____

Parents' Names_____

Dates attending Camp_____

Name of person paying for camp_____

Enrollee's address_____

City_____State_____Zip_____

Phone_____Email_____

Emergency Contacts_____

SHIRT SIZE: youth 7/8 10/12 14/16 adult S M L XL

Camp Hours 9:00 am - 3:00 pm Monday - Friday

Proper attire is necessary for riding safety. This includes boots, jeans, and a riding helmet.

IN CASE of an emergency during the parent's absence, please complete the following:

Hospital choice_____
Enrollee's physician/phone number_____
_____
In case of a medical emergency with _____(enrollee), I, _____(parent), give permission to Chuck Morgan and/or wife Tiffany Morgan, to call necessary medical services for my child.

THIS AGREEMENT, made and entered into this _____ day of _____ 20____, between Chuck Morgan, doing business as Four Fillies Farm, First Parties, and _____, parents of _____, a minor, Second Parties, witnesseth:

THAT WHEREAS Second Parties' minor child is being enrolled in the First Parties' riding camp, and Second Parties recognize that there are certain dangers normal and incident to the riding and handling of horses and the instruction in riding, handling and care of horses, and desiring to relieve First Parties and hold them harmless from any injuries or damages that said minor child might receive as a result of enrollment and participation in the riding camp and other related activities of the camp, including swimming.

NOW, THEREFORE, be it understood and agreed between the parties heretofore mentioned that for and in considerations, each paid to the other, the receipt of which is hereby acknowledged, Second Parties agree that if First Parties will accept their minor child as an enrollee and participant in the Four Fillies Farm riding camp that they will assume the risk and hold First Parties harmless from injury, damage, or expense that might be incurred as a result of their child's participation and the instruction and activity embodied in the program of the riding camp; and do covenant and agree to refrain from suit or any other action for injuries or damages growing out of injuries to their child while an enrollee of the First Parties' camp.

_____

Parents' Signatures Date

PLEASE READ AND ACKNOWLEDGE by signing:

WARNING

Under Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

_____

Parents' Signatures Date

PHOTO RELEASE

We hereby grant Four Fillies Farm our permission for photography/videography to be used solely by Four Fillies Farm and those operating under its direction in any and or all camp-sponsored communications (e.g. website, Facebook page, communications, and advertisements) and to make changes or alterations in such visuals as Four Fillies Farm deems proper, I do further certify that I am of full age and possessed of full legal capacity to execute the foregoing authorization and release, or to do so on behalf of the minor named above.

Name of person giving consent:_____

Name of minor (camp enrollee):_____

Please circle desired option: CONSENT GIVEN CONSENT DECLINED

_____

Parents' Signatures Date