

Windy Willow Farm

1801 Mill Rd.

Perkasie, P.A. 18944

215-822-9899 (barn)

215-822-2428 (fax)

APPLICATION FOR RIDING CAMP:

NAME: _____ BIRTH DATE: _____

ADDRESS: _____ STATE: _____ ZIP: _____

HEIGHT: _____ PREVIOUS RIDING EXPERIENCE: _____

ALLERGIES—MEDICAL PROBLEMS: _____

MOTHER'S NAME: _____ ADDRESS: (if different) _____

HOME PHONE: _____ CELL OR BUSINESS PHONE: _____

FATHER'S NAME: _____ ADDRESS: (if different) _____

HOME PHONE: _____ CELL OR BUSINESS PHONE: _____

HEALTH INSURANCE INFO: _____

PLEASE INDICATE WHICH SESSION(S) YOU WOULD LIKE TO ATTEND:

____ 1ST session: July 9th to 13th ____ 2ND session: July 16 to 20th

____ 3rd session: July 23rd to 27th

RELEASE: The undersigned acknowledges that they are the parents/legal guardians of the applicant and in consideration of their child being permitted to participate in the Windy Willow Farm Day Camp and other riding activities, being aware of the risk of injury from horse related activities. They assume risk of injury to their child and agree they will be responsible for and hereby release Diane Daly, Robert Daly and Cassie Smith and/or Windy Willow Farm and its employees from any and all liability, including negligence, by reason of injury to their child, themselves, or their property during camp and riding activities, including but not limited to swimming, riding lessons, trail rides, exercise, jumping, caring for horses before and after riding etc.....

Signature Parent/ Guardian: _____