

Cascade Stables

Winter Riding Camp 2018

The following agreement is made and entered into this _____ day of _____, 2018 by and between **CASCADE STABLES, INC.**, hereinafter referred to as “Stables”, and _____

Parent/Guardian agrees to pay the sum of \$80 per day to enroll _____, thereafter referred to as “Rider”, in the **Cascade Stables Winter Camp Riding Program**. Please fill out and return signed forms and payment** (checks made payable to Cascade Stables) to Avery, or mail to:

Cascade Stables Winter Camp
3526 Upperline
New Orleans, LA 70125

Please select day(s) in which you would like your child to attend:

December 26th _____

December 27th _____

December 28th _____

January 2nd _____

January 3rd _____

January 4th _____

WARNING

Under Louisiana law, a farm animal activity sponsor or farm animal sponsor professional is not liable for an injury to or the death of a participant in a farm animal activity. Activities resulting from the inherent risk of farm animal activity, pursuant to R.S.9:2795.1.

Parent/Guardian _____

Date ____/____/____

CASCADE STABLES
CAMPER INFORMATION

NAME: _____ AGE: _____

E-Mail: _____

MOTHER'S NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

PHONE: HOME _____ CELL _____

WORK _____

FATHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: HOME _____ CELL _____

WORK _____

EMERGENCY CONTACT IF MOTHER AND FATHER ARE UNAVAILABLE

NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

PHONE: HOME _____ CELL _____

WORK _____

PHYSICIAN: _____

PHONE: _____

ALLERGIES IF ANY: _____

ARE THERE ANY SPECIAL NEEDS? _____

