

# Cascade Stables

## Winter Riding Camp 2019/2020

The following agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2019 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 St.  
New Orleans, LA 70125*

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

December 23<sup>rd</sup> \_\_\_\_\_

December 26<sup>th</sup> \_\_\_\_\_

December 27<sup>th</sup> \_\_\_\_\_

December 30<sup>th</sup> \_\_\_\_\_

January 2<sup>nd</sup> \_\_\_\_\_

January 3<sup>rd</sup> \_\_\_\_\_

### 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 Signature \_\_\_\_\_ 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_