



## Cascade Stables

### Mardi Gras Camp 2021

The following agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2021 by and between **CASCADE STABLES, INC.**, hereinafter referred to as "Stables", and

\_\_\_\_\_, Parent/Guardian agrees to pay the sum of \$85 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:

\*Due to COVID 19, temperatures will be taken daily, any temperature over 99 degrees will be sent home. All kids must wear masks unless they are riding. Hand sanitizer will be available to everyone.\*

Cascade Stables Mardi Gras Camp  
3526 Upperline St.  
New Orleans, LA 70125

Please select day(s) in which you would like your child to attend, times will be 9:00-3:00pm each day.

**February 17<sup>th</sup>** \_\_\_\_\_ (\$85)

**February 18<sup>th</sup>** \_\_\_\_\_ (\$85)

**February 19<sup>th</sup>** \_\_\_\_\_ (\$85)

#### **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?

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