

Cascade Stables

Turkey Trotter Thanksgiving 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 Thanksgiving Camp Riding Program**. Please fill out and return signed forms and payment** (checks made payable to Cascade Stables) mail to:

Cascade Stables Thanksgiving Camp

3526 Upperline St.

New Orleans, LA 70125

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.

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

November 24th _____

November 26th _____

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? _____

