

Cascade Stables

Winter Riding 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) by mail to:

Cascade Stables Winter 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:

December 21st _____
December 22nd _____
December 23rd _____

December 28th _____
December 29th _____
December 30th _____

*Ages 5 & up. Long pants and close-toed hard soled shoes required for riding. All riders are **required** to wear a helmet while mounted. Helmets may be provided by the stables, so long as the helmet properly fits. Cascade Stables **STRONGLY RECOMMENDS** rider provide their own protective head gear.*

Activities will include riding and grooming as well as instruction in the proper care and handling of saddles, bridles, and other riding equipment. The rider is to bring a lunch each day. Parent certifies that he/she is well aware of the dangers and risks of accident inherent in riding and attendance of horses and fully assumes all such risks of loss, damage, injury or accident.

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? _____

