

Application For  
Horseback Riding (Minor)

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Height: \_\_\_\_\_

Previous Riding Experience: \_\_\_\_\_

---

---

Allergies or Medical Problems: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

RELEASE

The undersigned acknowledges that they are the parents of the child and that in consideration of their child being permitted to participate in riding activities at Gwyn Meadows Farm, LLC and being aware of the risk of injury from horse related activities, they assume the risk of injury to the rider and agree that they will be responsible for and hereby release Gwyn Meadows Farm, LLC and Amy S Haskins from any and all liability, including negligence, by reasons of injury to their child or their property during the day camp and riding activities, including, but not limited to riding lessons, trail rides, exercise, jumping, caring for horses before and after riding, fox hunting, showing, etc

\_\_\_\_\_

\_\_\_\_\_