## Saddle Valley Farm

Alex & Elaine Morrow 2557 Ackermanville Road Bangor, PA 18013 1-610-588-8713

## APPLICATION FOR RIDING LESSONS (CHILD)

CHILD'S NAME:		BIRTH DATE	
ADDRESS:		WEIGHT	
RIDING EXPERIENCE:			
ALLERGIES OR MEDICAL P	ROBLEMS:		
		EMAIL_	
ADRESS (if different)			
Home ph#	Wk Ph #	Cell Ph#	
FATHER'S NAME:		EMAIL	
ADRESS (if different)			
Home ph#	Wk Ph #	Cell Ph#	

## **RELEASE:**

The undersigned acknowledges that he/she is the parent or legal guardian of the child and that in consideration of his/her child being permitted to participate in riding activities at Saddle Valley Farm he/she assumes the risk of injury to the rider and agrees to be responsible for and do hereby release Saddle Valley Farm Inc., Rocking AM Corp., on property owned by Elaine and Alex Morrow: and further agree to release the corporations, owners, lessees, trainers, and teachers from all liabilities, 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, showing- etc.

It is agreed that the rider will wear safety equipment, i.e.: hard hats and hard boots at all times when riding

The Undersigned hereby consents to any medical and surgical diagnosis or treatment including but not limited to examinations, x-rays, and anesthetic treatment that may be rendered to the above minor under instructions of any physician or hospital. This consent is given in advance in order to encourage Saddle Valley staff and hospital staff to exercise their best judgment as to the requirement for such diagnosis and treatment. The undersigned shall pay all related fees that are reasonable for the necessary treatment.

Signature of Parent or Legal Guardian

Warning: You assume the risk of equine activities pursuant to Pennsylvania Law.

Notice: You are responsible for the payment for lessons cancelled unless 24-hour notice is given.