

Saddle Valley Farm Day Camp Release

Name of Camper _____ Age _____

Address _____

Name of Parent, Legal Guardian, or Next of Kin (print) _____

Address _____ zip _____

Home Phone. _____ Work No. _____ Cell No. _____

Family Physician _____

General Release - Please Read Carefully Signer Acknowledges Receipt of a Copy of this Document

I acknowledge that participating in Equestrian (horse) activities at riding day camp, as well as swimming, could result in the camper exposing her or his self to risk of severe injury and even loss of life.

Pursuant to Pennsylvania law, I hereby agree to assume all responsibility and risk from the participation in all camp activities including swimming and equestrian (horse) activities at/on Saddle Valley Farm, Rocking Am Corporation, on property owned by Alex Morrow and/or Elaine Morrow and; and Saddle Valley Farm, Inc. and further agree to hold the corporation(s)/owners/ lessees/teachers/counselors/trainers free from all damages and/or liability for any occurrence to person and/or property, including but not limited to personal injury, arising as a result of this participation.

Signature of Parent, Legal Guardian, or Next of Kin

Date

The undersigned Parent, Legal Guardian, or Next of Kin of the camper, a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance to any specific diagnosis or treatment which may be required, but is given to encourage the Saddle Valley Farm staff, hospital staff, and such physicians to exercise their best judgment as to the requirements of such diagnosis and treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances, and other medical charges reasonable and necessarily incurred.

Signature of Parent, Legal Guardian, or Next of Kin

Date

