

APPLICATION ~ SUMMER CAMP

Forliano Farm at Quarry Valley
Jessica Forliano, Inc.
PO Box 493
Lahaska, PA 18931

Camper's Name: _____ Age: _____

Parent/Guardian Name: _____

Contact Number: _____

Parent/Guardian Name: _____

Contact Number: _____

Address: _____

Height: _____ Weight: _____

Please list ALL Medical Issues: _____

Emergency contact name & relation to child: _____

Contact Number: _____

Previous Riding Experience (if any): _____

Other pertinent information you'd like us to know about your child (learning needs, etc.):

Tuition Fee: \$495 per session per rider

TUITION SCHEDULE: A minimum, nonrefundable, deposit of \$245 per applicant, per session, is required upon registration. The balance of the tuition is due by the first day of the session.

Riders are required to have a hard hat with safety harness and appropriate riding shoes.

Liability Release: WARNING: You assume the risk of equine activities pursuant to Pennsylvania Law.

I agree in consideration for my son/daughter's _____
(child's name)

participation in riding camp at Quarry Valley Farm, New Hope, PA and Jessica Forliano, Inc. (all previous names stated also known as FACILITY) to the following:

I AGREE that I choose to participate voluntarily with my horse as a rider, handler, lessee, owner, agent, coach, trainer, or as a parent or guardian of a junior. I am fully aware and acknowledge that horse sports and competition involve inherently dangerous risks of accident, loss and serious bodily injury including broken bones, head injuries trauma, pain, suffering or death ("Harm").

I AGREE to release FACILITY and all their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of FACILITY.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of FACILITY. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) FACILITY and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse while riding at FACILITY

I UNDERSTAND that I am entitled to wear protective equipment without penalty, and I acknowledge that FACILITY encourages me to do so while WARNING that no protective equipment can guard against all injuries. If I am a parent or guardian of a junior, I consent to the child's participation and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release on the Child's behalf.

I AGREE that FACILITY as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely ride at FACILITY.

I AGREE that if I or my child is injured at this scheduled activity/clinic, the medical personnel treating my injuries may provide information on my injury and treatment to Jessica Forliano.

BY SIGNING BELOW, I AGREE to be bound by all applicable rules and all terms and provisions set forth by FACILITY.

Signature: _____

Phone: _____ Date: _____