

REGISTRATION FORM FAIRVIEW FARM HORSE CAMP – 2019

Camp you will be attending: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Age: _____

Briefly describe your experience on horseback:

Will you be bringing your own horse? _____

Emergency Contact:

Name: _____

Phone Number: _____

List any allergies: _____

Family Physician: _____

Phone Number: _____

\$50.00 nonrefundable deposit is requested with registration.

Please complete and return by March 1st, 2019 to:

Pamela Harper/Fairview Farm

2998 Fairview Road

Granville Summit, PA 16926

By signing below I understand that riding and jumping are high risk sports and I am participating of my own free will and at my own risk. I hereby release and hold harmless Fairview Farm, Pamela Harper and Ashley Shedden, its officers, agents and employees, the property owners, organizers, judges and officials from all liability for accidents, damage, illness or injury to horses, owners, riders, employees, attendants, spectators, or any other person or property suffered during or in connection with this event. I give permission for use of my photos by Fairview Farm and Pamela Harper/Ashley Shedden on its website or for other promotions.

_____ (parent/guardian)