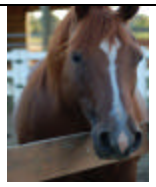

Life Ride at Short Acres Farm, LLC

20609 NE 164th Street - Brush Prairie -WA – 98606
(360) 514-0780 www.shortacresfarm.com

SUMMER CAMP Registration Form

STUDENT	PARENT/GUARDIAN	ALTERNATE CONTACT
HOME PHONE	CELL WORK	CELL WORK
STREET	CITY	ZIP
EMAIL	HOW DID YOU LEARN ABOUT US?	
BIRTHDATE	MEDICAL INSURANCE	ALLERGIES / HEALTH CONCERNS

SUMMER CAMP REGISTRATION	PLEASE SEND ME MORE INFORMATION
___ One Week (4days) ___ Single Day DATE(s): _____ Alternative Date:_____	___ LESSONS ___ GROUP FIELD TRIP ___ PONY RIDE ___ PARENT/CHILD RIDE ___ PONY PARTY ___ RIDING CLINICS

HOLD HARMLESS, INDEMNIFICATION, AND RELEASE

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in an activity of horseback riding with Short Acres Farm, LLC either for myself or on behalf of a minor. I understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for all such risks, including loss of control, collisions, and obstacles, whether they are obvious or not obvious. I /we further understand that an animal, irrespective of its training and usual past behavior and characteristics may act or react unexpectedly or unpredictably at times, and I also assume such risks. I, on my behalf, and behalf of any person authorized by me to ride, assume the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, and spectator.

In consideration for the privilege of riding and or working around horses at Short Acres Farm, I hereby agree to hold harmless and indemnify Short Acres Farm, LLC. I further release Short Acres Farm, LLC for any liability or responsibility for accident, injury, damage or illness to myself or persons authorized by me to ride, or any person(s) accompanying me on the premises.

____ My student may be photographed and his/her picture can be used for marketing or promotional purposes if needed.

_____	_____	_____
Parent / Guardian Signature	Parent/Guardian Printed Name	Date

DATE REGISTERED / REC'D BY	PAYMENT RECEIVED	SUMMER CAMP REG DATES
Verify signatures, health concerns, advertising release	Send confirmation email/phone call	

REV 5/17/2008