

CASCADE STABLES
Summer Riding Program 2018

The following agreement is made and entered into this _____ day of _____, 2018 by and between **CASCADE STABLES, INC.**, hereinafter referred to as "Stables", and _____.

Parent/Guardian agrees to pay the sum of \$300 per week to enroll _____, thereafter referred to as "Rider", in the **Cascade Stables Summer Riding Program** for the 2018 term. Please fill out and return signed forms and payment** (checks made payable to Cascade Stables) to Avery, or mail to:

Cascade Stables Summer Camp
535 Calhoun Street
New Orleans, LA 70118

A \$50 non-refundable deposit is due when camp forms are returned in order to secure a spot in that week of camp. The remaining \$250 is due the first day of the camp week.

Please Select Week(s)

- | | | |
|--|---|--|
| 1) _____ June 4 th –8 th | 4) _____ June 25 th –June 29 th | 7) _____ July 23 rd –July 27 th (FULL) |
| 2) _____ June 11 th –15 th | 5) _____ July 9 th –July 13 th | 8) _____ July 30 th –Aug. 3 rd (FULL) |
| 3) _____ June 18 th –22 nd | 6) _____ July 16 th –July 20 th | |

If BEFORE CARE or AFTER CARE is required for week(s) attending camp, please specify below. BEFORE CARE is available from 8:00AM-9:00AM. AFTER CARE is available from 3:00PM-5:00PM. Payment of \$5 per ½ hour is due the same day.

_____ Before Care

_____ After Care

Ages 5 & up. Long pants and close-toed hard soled shoes required for riding. All riders are **required** to wear a helmet while mounted. Helmets may be provided by the stables, so long as the helmet properly fits. Cascade Stables **STRONGLY RECOMMENDS** rider provide their own protective head gear.

Rider will be assigned a horse for his/her use during the hours set forth above. Activities will include riding and grooming as well as instruction in the proper care and handling of saddles, bridles, and other riding equipment. The rider is to bring a lunch each day. Parent certifies that he/she is well aware of the dangers and risks of accident inherent in riding and attendance of horses and fully assumes all such risks of loss, damage, injury or accident.

WARNING

Under Louisiana law, a farm animal activity sponsor or farm animal sponsor professional is not liable for injury to, or the death of a participant in a farm animal activity/activities resulting from the inherent risks of farm animal activity, pursuant to R.S.9:2795.1.

Parent/Guardian _____

Date ____/____/____

CASCADE STABLES
CAMPER INFORMATION

NAME: _____ AGE: _____

E-Mail: _____

MOTHER'S NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

PHONE: HOME _____ CELL _____
WORK _____

FATHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE: HOME _____ CELL _____
WORK _____

EMERGENCY CONACT IF MOTHER AND FATHER ARE UNAVAILABLE

NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP _____

PHONE: HOME _____ CELL _____
WORK _____

PHYSICIAN: _____

PHONE: _____

ALLERGIES IF ANY: _____

ARE THERE ANY SPECIAL NEEDS?
