

Keezlenutten Farm, LLC

3442 Keezlenutten Lane
Keezletown, VA 22832
(540) 269-2227

Rider's Name _____ Birthdate _____ Height _____ Weight _____

Indicate your 1st, 2nd and 3rd choices for camp:

_____ July 9 - 13 _____ July 16 - 20 _____ August 6 - 10

Parent/Guardian _____ Phone _____ Cell _____

Address _____ City _____ Zip _____

Email _____

Emergency Contact person, other than parent:

Name _____ Phone _____ Relation to student _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____ Date of last tetanus shot _____

Describe ANY medical condition (including allergies) requiring special precautions or treatment and any medications and dosage. (NOTE: People who are allergic to cats are often allergic to horses. If your child has not been exposed to horses and is allergic to cats, please set up a lesson before signing up for camp!) None

Otherwise, please describe: _____

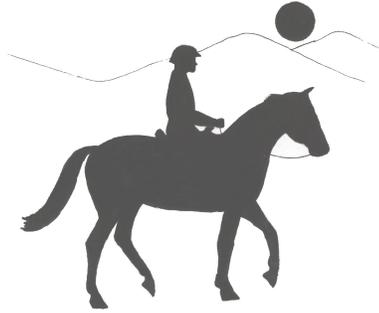
In case of medical emergency, the undersigned authorizes an agent of Keezlenutten Farm, LLC to provide or arrange for medical assistance as they determine necessary, at your cost. The undersigned authorizes any licensed physician and/or hospitalization for the rider, including anesthetic, which they determine necessary or advisable.

No person can be accepted for riding instruction until this form has been completed by the parent or guardian. If the person is of legal age (18), he/she may complete the form. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Keezlenutten Farm, LLC.

There will be no refunds made for a camper leaving during the session for which he or she has registered. If a camper cannot attend a camp, all monies paid, minus the \$50 deposit, will be refunded, if they cancel at least 2 weeks prior to the start of camp. A camper who exhibits emotional, psychological, or behavioral conditions which are harmful to themselves or others will be dismissed with no refund of fee.

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



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PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to Keezlenutten Farm, LLC permission to take or have taken, still and moving photographs and films including television pictures of _____ and consents and authorizes Keezlenutten Farm, LLC, its advertising agencies, news media, and any other persons interested in Keezlenutten Farm, LLC, and its work, to the use and reproduction of the photographs, films, and pictures to circulate and publicize the same by all means including without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Keezlenutten Farm, LLC to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding its program and its work.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

HORSEBACK RIDING EXPERIENCE

Has the rider:

Walked on a horse? Yes No

Trotted on a horse? Yes No

Cantered on a horse? Yes No

Taken lessons? Yes No If so, for how long? _____

Jumped? Yes No If so, to what height? _____

Owned their own horse? Yes No If so, for how long? _____

Are there any specific skills that the rider needs to work on, or would like to work on?
