

Keezlenutten Farm, LLC

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

Rider's Name	Birthdate		Height _	Weight	
July 17 - 21	August 14 - 18				
If you are unable to participate in the in the full day horse camp, please man				old and would like to participate	
June 19 - 23	July 10 - 14	Aug	gust 7 - 11		
Parent/Guardian		Phone		Cell	
Address		City		Zip	
Email					
Emergency Contact person, other than	n parent:				
Name	Phone		Relation to stu	dent	
Physician's Name	Phone				
Preferred Medical Facility	Preferred Medical Facility Date of last tetanus shot				
Describe ANY medical condition (in and dosage. (NOTE: People who as horses and is allergic to cats, please Otherwise, please describe:	re allergic to cats are set up a lesson before	often allergie e signing up	e to horses. If you for camp!)	r child has not been exposed to None	
In case of medical emergency, the u medical assistance as they determine hospitalization for the rider, including No person can be accepted for riding	e necessary, at your of anesthetic, which they	cost. The und y determine n	lersigned authorize ecessary or advisal	es any licensed physician and/or ble.	
of legal age (18), he/she may complet will be made to avoid any accident, N	e the form. Riding inst	truction will b	e under strict supe	ervision, and although every effor	
There will be no refunds made for a cattend a camp, all monies paid, minu camp. A camper who exhibits emotion will be dismissed with no refund of fe	s the \$50 deposit, will onal, psychological, or	l be refunded	, if they cancel at	least 2 weeks prior to the start of	
I HAVE READ THIS ENTIRE RE	LEASE AND AGRE	E TO IT.			
PARENT/GUARDIAN SIGNATURI	E			DATE	



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PHOTO RELEASE FORM

	ave taken, still	l and moving	ledged, the undersigned hereby grant to Keezlenutten Farm, photographs and films including television pictures of rizes Keezlenutten Farm, LLC, its advertising agencies, news			
photographs, films, and pictures t	nterested in Ke to circulate and p	ezlenutten Far publicize the sa	m, LLC, and its work, to the use and reproduction of the ame by all means including without limit, the generality of the instructional materials, books and clinical material.			
	on of Keezlenutt	en Farm, LLC	ses have been made to us/me to secure our/my signature(s) to to use or be used such photographs, films and pictures for the ork.			
PARENT/GUARDIAN SIGNAT	URE		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 wo	ork on, or would like to work on?			