



EQUEST FARM HOLIDAY CAMP APPLICATION FORM

Camper Age: 6 years and up. A **\$50** non-refundable deposit is required before the start of camp and will be applied towards total camp fee.

Camper Name: _____ Age: _____ DOB: _____

Parent Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home/Work Phone: _____

Rider Experience: Beginner: _____ Walk-Trot: _____ Walk-Trot-Canter: _____ Advanced: _____

If you are unsure of your child's riding experience, please call the office to speak to one of our instructors

Please check the days you wish to attend (\$85 per day):

Please indicate which days you would like your child to attend below:

_____ December 20 _____ December 21 _____ December 22 _____ December 23

_____ December 27 _____ December 28 _____ December 29 _____ December 30

Please make checks payable to Equest Farm. Call us at 504-483-9398 for further questions.

Mail application, waiver and checks to: 741 Topaz St, New Orleans LA. 70124

BRING THIS FORM IN ON THE 1ST DAY OF CAMP.

Equest Farm, L.L.C., 1001 Filmore Ave. Filmore @ Marconi Dr., New Orleans, La. 70124
(504) 483-9398

RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT

I, _____ acknowledge the risk of accident and injuries to person and property in all horse related activities. Therefore, in consideration of the services of Equest Farm, L.L.C. and the employees of Equest Farm, L.L.C.: I agree to assume the risks of all accidents, loss or damage to any equipment, or personal property, injury, or illness, to myself, to any horse owned or leased by me, and to any family member or other person accompanying me on the premises of Equest Farm, L.L.C.. I further agree to hold harmless and indemnify Equest Farm, L.L.C., and its employees from any and all claims made by any person or entity which are in any way connected with or incidental to services rendered to me or any family member by Equest Farm, L.L.C. In my absence I authorize Equest Farm, L.L.C., it's employees and any person affiliated with Equest Farm, L.L.C. to arrange any emergency care they deem necessary for members of my family. This agreement shall be valid and binding at any location at which Equest Farm, L.L.C. is operating.

UNDER LOUISIANA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO La. Rs. 9:2795.1. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF LOUISIANA.

CAMPER NAME: _____ AGE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

CAMPERS SIGNATURE: _____

PRINT NAME OF PARENT/GUARDIAN: _____

Home Phone: _____ Work: _____ Cell: _____

PARENTS SIGNATURE: _____ DATE: _____

WITH MY SIGNATURE, I ALSO AGREE TO THE FOLLOWING: In the event that my child is not picked up from camp After Care by 6:30 pm and I, as well as the emergency contact, cannot be reached by Equest Farm staff, I give permission for my child to be brought to another location with one of the staff members of Equest Farm until I, or the emergency contact is able to pick him or her up.

EMERGENCY INFORMATION Are there any medical conditions we should know about?

If Yes, Explain: _____

Who should we contact in case of medical emergency:

Name: _____ Phone: _____

Is the camper on any type of medication that we should know about? If yes, Explain: _____