

RED COAT FARM SUMMER RIDING PROGRAM REGISTRATION

CHILD'S NAME _____ AGE _____

ADDRESS _____

CITY/STATE/ZIP _____ / _____ / _____

PARENT 1 NAME _____

DAY PHONE # _____ CELL PHONE # _____

EMAIL _____

PARENT 2 NAME _____

DAY PHONE # _____ CELL PHONE # _____

EMAIL _____

RIDING EXPERIENCE (CHECK ONE)

BEGINNER (WALK/TROT)

INTERMEDIATE (WALK/TROT/CANTER/SMALL X'S)

ADVANCED INTERMEDIATE (JUMPING COURSES)

RED COAT FARM WILL NOT ACCEPT PARTICIPANTS WITH NO RIDING EXPERIENCE.

PLEASE CHECK DAYS REQUESTED

JUNE 12-15	M	T	W	TH	JULY 10-12	M	T	W	----
JUNE 19-22	M	T	W	TH	JULY 17-20	M	T	W	TH
JUNE 26 -28	M	T	W	----	JULY 24-27	M	T	W	TH
JULY 6-7	----	----	W	TH					

HOURS: 9:30AM-3:00PM \$ 90 PER DAY. 2 DAY MINIMUM

PLEASE READ CAREFULLY:

IN CASE MY CHILD HAS A MEDICAL EMERGENCY AND I CANNOT BE REACHED, I HEREBY GIVE RED COAT FARM PERMISSION TO AUTHORIZE EMERGENCY MEASURES NECESSARY FOR THE RIDER'S WELFARE. I WILL RESUME RESPONSIBILITY FOR ANY FEES ASSOCIATED WITH THESE MEASURES. **I AGREE TO ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM RIDER'S USE OF OR PRESENCE UPON MANAGER'S PROPERTY AND FACILITIES;** INCLUDING, WITHOUT LIMITATION BUT NOT LIMITED TO, THE RISKS OF DEATH, BODILY INJURY, PROPERTY DAMAGE, FALLS, KICKS, BITES, COLLISIONS WITH VEHICLES, HORSES OR STATIONARY OBJECTS, FIRE OR EXPLOSION, OR THE NEGLIGENCE OR DELIBERATE ACT OF ANOTHER PERSON. I DO HEREBY FULLY RELEASE AND DISCHARGE **RED COAT FARM** AND ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS FROM INJURIES, INCLUDING DEATH, DAMAGE OR LOSS WHICH I MAY HAVE OR WHICH MAY ACCRUE TO ME ON ACCOUNT OF MY PARTICIPATION IN PROGRAMS.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER AND RELEASE RED COAT FARM OF ALL CLAIMS.

SIGNATURE OF LEGAL GUARDIAN _____ **DATE** _____

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT:

NAME _____

PHONE _____

NO REGISTRATION FORMS WILL BE ACCEPTED **WITHOUT** A DEPOSIT. THIS CONTRACT IS NON ASSIGNABLE AND NON-TRANSFERABLE. RED COAT FARM RESERVES THE RIGHT TO LIMIT OR CANCEL SESSIONS WITH LIMITED ENROLLMENT. TO HOLD A PLACE FOR YOUR CHILD, PLEASE ENCLOSE A \$ 180 DEPOSIT.

I HAVE READ AND UNDERSTOOD THE TERMS OF THE DEPOSIT AND REGISTRATION FORM.

SIGNATURE _____ **DATE** _____

DEPOSIT OF \$ _____ RECEIVED ON _____ AUTHORIZED BY _____

RED COAT FARM, 24675 GILMER ROAD, HAWTHORN WOODS, IL 60047