



25 Bernier Rd, Milton, VT 05468
802-363-7644
www.ErinLongworthVT.com

Birthday Child's Form Pony Up - Party Package

Child Information:

Name: _____ Age: _____
Address: _____
City: _____ Zip: _____

Parent/Guardian Information:

Parent's Name: _____
Email address: _____
Telephone: _____
Home: _____
Work: _____
Cell: _____

Child Riding History:

Had Lessons: ____ Yes ____ No
How many? _____
Where? _____
Been in Horse Camp Before? ____ Yes ____ No Where: _____

Any Allergies or Medical information we need to know:

Birthday party information:

How many children are attending the party: _____
Date of the party: _____ Time: _____

Any special Requests: _____

I (PARENT NAME) _____ am aware that riding activities may be HAZARDOUS and I am VOLUNTARILY participating in these activities with knowledge of the DANGER involved and HEREBY ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH (parent initial)_____.

In addition, I HEREBY INDEMNIFY, RELEASE AND DISCHARGE Erin Longworth Performance Horses Trust, and the Trustees, Officers, Directors, Employees, and Agents there of, and each of them, from all actions, claims, or demands I, my heirs, distributees, Guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from participation in horseback riding activities.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Rider Name Printed: _____

Date: _____

*****Office Only*****

Date received:_____

Date Paid:_____