



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

Birthday Parties

Child Information:

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

Parent/Guardian Information:

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

Child Riding History:

Had Lessons: No ___ Yes ___ Where? _____
Been in Horse Camp Before? No ___ Yes ___ Where? _____

Any Allergies or Medical information we need to know:

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: _____