

Conner Carriages & Occasions

385 N. Mulberry St.
Monticello, FL 32344
850 997-6803 Phone
850 997-6801 Fax
570-8746 Cell

AFTER SCHOOL PROGRAM

Name _____
Complete Address _____
City _____ State _____ Zip _____ E-mail address _____
Age _____ Height _____ Weight _____ School _____
Grade _____

Mothers Name _____ Fathers Name _____
Address _____
Address _____
Home Phone _____ Home Phone _____
Cell Phone _____ Cell Phone _____
Business Phone _____ Business Phone _____
Business Name & Address _____ Business Name & Address _____

In case of Emergency contact (please provide two names and telephone numbers)
Name _____ Name _____
Address _____ Address _____
Phone _____ Phone _____
Physician's Name _____
Address _____
Phone _____
Allergies _____
Please list any special health conditions _____
Comments _____

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AFTER SCHOOL PROGRAM AT BAR C RANCH

I/We _____ parent(s) or legal guardian(s) of _____
_____ by enrolling our child in the riding program at Bar C Ranch, we certify that we are cognizant of Florida Statute 773.04 which reads as follows:

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities.

I recognize that horses are unpredictable animals, and that there are significant risks of injury inherent and associated with horses and horse related activities, including, but not limited to trailering, loading, boarding, riding, grooming, saddling, feeding and caring for horses. Knowing of the inherent risks, dangers and rigors involved in such horse activities, I certify that I understand the risks associated therewith, that I am fully capable of participating in said activities, and that I do so at my own risk.

Conner Carriages and staff recommend the purchase and wearing of protective headgear (hardhat) and boots or closed toe shoes with a heel.

We hereby release and hold harmless Conner Carriages and Bar C Ranch and any staff member or instructor/demonstrator affiliated with Conner Carriages and Bar C Ranch from any responsibility and as parent/guardian assume the risk for any occurrence related to horse back riding, camp activities, including but not limited to swimming, hiking, nature studies, arts and crafts etc. and any horse related activities which may result in death, injury, or any other damages.

I/We further state that we are of lawful age and competent to sign this affirmation and release and that by signing I/We understand the terms herein.

I/We assume all responsibility for _____'s (child) physical fitness and ability to perform, under normal conditions, the rigors associated with horse camp activities.

Further, should my child in any way require emergency medical treatment during the After School Program, my permission is also granted that medical treatment may be administered as quickly as possible without delay and do accept responsibility for any medical fees associated with emergency medical treatment for my child.

In witness whereof I/We have executed this affirmation and release at _____
_____ on this _____ day of _____, 2008.

Witness

Parent or guardian

Witness

Parent or guardian