

WILLOWS EDGE FARM

18505 51st Ave. SE * Bothell, WA 98012
(425) 402-6781 * www.willowsedgefarm.com
info@willowsedgefarm.com



WILLOWS EDGE FARM - "FAMILY FARM LIFE" REGISTRATION FORM

All Farm Life Camp Lessons require pre-registration with \$150. non refundable deposit prior to April 30, 2011 to hold your space. Balance of lesson fees are due on April 30, 2011 or sooner. Camp size is limited due to the busy nature of our farm, so early registration is recommended. No refunds for cancellations less than 60 days in advance. Cancellations prior to that will be refunded less a \$150. cancellation fee. If for any reason, we are required to cancel a lesson, you will be entitled to a full refund. Due to our very small group size, we are unable to refund for sick children as well—please consider sending a sibling or friend in their place (with a new registration form).

A sack lunch should be brought (snacks are provided, unless you wish to send your child with their own). PLEASE - Note any food allergies below in the medical/emergency information. Parents or guardians are asked to have their child arrive between 8:50 - 9:00am. They are asked to return to pick-up their camper at 4pm. Additional time before 8:50am or after 4pm is available and we ask that you book that ahead of time so that we can plan things during this time for your child as well. Additional care is \$8. per hour.

PERSONAL INFORMATION

Camper's Name _____ Age _____ Grade _____ Camp Date(s): _____

WEIGHT (over 160#) Yes No (circle one)

Riding Experience: _____ yes _____ no and _____ Beginner (under 10 hrs) _____ Advanced (over 10 hours)

Does this rider have a physical or mental condition, which may affect his/her safety and ability to ride a horse, of which we should be aware? Yes No (circle one) If "yes" how can we help this rider with his/her special needs?

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City/St _____ Zip _____

Email _____

PAYMENT INFORMATION

_____ Camp Week x \$ _____ = _____ Camp Fees

Enclosed is the following payment: \$ _____

Payment Type: Check (payable to Willows Edge Farm) ** Cash (in person only) ** PayPal

Please mail payment in full to: Willows Edge Farm, 18505 51st Ave SE, Bothell, WA 98012

Questions? Call us at 425.402.6781 or e-mail info@WillowsEdgeFarm.com

MEDICAL/EMERGENCY INFORMATION

Emergency Contact Name _____

Emergency Contact Phone(s) _____ (different from guardian listed above)

Physician Name _____ Physician Phone _____

Allergies (Including FOOD), Medications & Special Needs: _____

Please describe your child's experience around animals: _____

This information will be kept confidential. Please list information no matter how minor. It is important that we know of any concerns in order to handle possible situations with ease.

WHAT TO BRING

Your child will need to bring along: Boots (they WILL get dirty) -

- A. Rubber/water-proof boots (at least ankle high) - available at feed stores anywhere. Del's had some for less than \$15. **and/or**
- B. Boots or hiking shoes with a 1/2"- 1" heel. No dress shoes, please.

Long pants are **required** to be able to ride the horse.

Helmet rentals are included in the cost or you can bring your own (MUST be Equestrian). See our "Lessons" page coupon Olson Mills.

Lunch.

Change for vending/candy machines (if desired).

Treat for horses (if desired).

**PLEASE READ THE FOLLOWING PAGES CAREFULLY BEFORE SIGNING
SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
THIS STABLE CANNOT GUARANTEE YOUR SAFETY**

REGISTRATION OF RIDERS AND AGREEMENT PURPOSE - In consideration of the payment of a fee and the signing of this agreement, I, the parent or legal guardian thereof if a minor, do hereby agree to hire from THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates.

ACCIDENT/MEDICAL INSURANCE - I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL expenses. Ins Co: _____ policy #_____.

PROTECTIVE HEADGEAR OFFERING - I, for myself and on behalf of my child and/or legal ward, have been offered a SEI CERTIFIED ASTM Equestrian Helmet by THIS STABLE and do understand that the wearing of such headgear may prevent or reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider's head. Mark an "X" below in the box before the statement which describes your choice to use STABLE PROVIDED protective headgear;

PROTECTIVE HEADGEAR ACCEPTANCE: I/WE request to wear protective headgear which THIS STABLE provides.

I/WE request to wear protective headgear which I/WE will provide.

I give my permission to use any photos taken of me, my child or my family at any Willows Edge Farm event in their publications, and I release all rights to remuneration for such photos.

Parents or Legal Guardians must sign below after reading this entire document.

This document affects your legal rights. Please read carefully.

Under Washington law, that an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity, nor may he or she maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death while engaged in an equine activity. RCWA 4.24.530

SIGNER STATEMENT OF AWARENESS

I/We the undersigned, have read and do understand the foregoing agreement, warnings, release and assumption of risk. I/We further attest that all facts relating to the applicant's physical condition, experience and age are true and accurate.

Name of Parents or Legal Guardians _____

Signatures of Parents or Legal Guardians _____

For Office Use Only: Payment Method _____ T/S _____ Camp Change _____ Confirmation _____
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