

WINDSWEPT FARM SUMMER CAMP

ENROLLMENT FORM

- Please complete ALL of the following information and return with deposit. BE SURE to sign the Release Waiver on other side of this form.

Complete a separate form for each camper.

Camper's Name: _____ Age: _____

Experience: _____

Date of Week/s Attending: _____

Amount of deposit paid (Non-refundable \$200/week due at sign-up): _____

Parent Name/s: _____

Camper/Parent Address: _____

Telephone Number/s: _____

Medical conditions, allergies, etc. that Counselors/Instructors need to be aware of. (If camper requires any medication or special attention during camp hours please discuss with Michaela prior to signing up.) _____

Emergency Contact Information:

Contact #1 (name/relationship to camper/phone):

Contact #2 (name/relationship to camper/phone):

Contact #3 (name/relationship to camper/phone):

BE SURE TO READ AND SIGN GENERAL RELEASE OF LIABILITY

Windswept Farm
25 Serpentine Rd
Warren, RI 02885
(401) 258-3293

GENERAL RELEASE OF LIABILITY

Release executed by a student participant in equine activities to Windswept Farm. In consideration of being permitted to participate in equine activities, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in equine activities to which I may be exposed during my enrolment or participation in such activities, do hereby agree to assume all risks and responsibilities surrounding or in any way involving my participation in equine activities.

I further agree for myself and on behalf of my heirs, personal representative(s) and assigns to defend, hold harmless, indemnify, release and forever discharge Windswept Farm and all its trustees, officers, agents and employees from and against any and all claims, demands and actions, or causes of action, on account of damage to personal property, personal injury or death which may result from my participation in equine activities or from transportation to and from said activities from causes beyond the control of, and without the fault of negligence of Windswept Farm, its trustees, officers, agents and employees during the period of my enrollment or participation as aforesaid.

Warning

- Under Rhode Island Law, an equine professional, unless he can be shown to have failed to be in the exercise of due care, is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 21 of Title 4 of the General Laws.
- Under Massachusetts law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of General Laws.

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Emergency contact: _____ Phone Number: _____

If Under 18 Parent's Name: _____

Parent's Address: _____

Parent's Phone Number: _____

Parent's Signature: _____