



WHIMSY BROOK FARM, LTD.

29 Giles Hill Road, Redding, CT 203-938-3760

Summer Youth Program Registration Form

Last Name		First Name	
Address			
Home Phone		Work Phone	
Email Address Program date(s) desired			
Age (if minor)	Riding Ability		

Please provide any additional information that you feel we should know about your child or yourself (allergy, health problems, restrictions, special needs):

Please enclose a non-refundable deposit of \$495.00 for each week desired. Please make all checks payable to Whimsy Brook Farm, Ltd.

Please sign and date the following waiver and photo release:

WAIVER OF FARM LIABILITY

I recognize that this activity involves risk of injury, and that because of the nature of this activity, injury may occur. I agree to release Whimsy Brook Farm, Ltd. , its affiliates, officers, employees, and instructors from any and all liability related to any injury that I or my child or family member sustain or may later sustain while engaging in this activity. I agree to hold Whimsy Brook Farm, Ltd. and its affiliates, officers, employees, and instructors harmless from any claim, cost, or expense related to any injury I or my child or family member sustain or may later sustain while engaging in this activity. I acknowledge that I have read this statement, fully understand it, and sign voluntarily.

I give do not give my permission for my child's photo to be used in WBF promotional materials.

SIGNATURE:	DATE:
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Rider or Mother (if rider is a minor)

SIGNATURE:	DATE:
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Father (if rider is a minor)