AUTHORIZATION and RELEASE STONE CROP FARM PONY CAMP 2025

Student's Name: _____
Address: _____
_____
Telephone: _____
Date of Birth: _____
Height: _____
Weight: _____
Riding Experience: _____

Please insert ✓ mark indicating the preferred camp date(s).

Camp Wk#1 _____6/23-6/27
Camp Wk#2 _____7/07-7/11
Camp Wk#3 _____7/28-8/01
Camp Wk#4 _____8/11-8/15

Parent & Emergency Contacts (Name, Phone #, **E-mail address**, and Relationship)

_____

_____

_____

PLEASE READ CAREFULLY

I, the undersigned, acknowledge that the riding and handling of horses involves risk of personal injury. In signing this statement, I acknowledge to **STONE CROP FARM**, its owners, managers, and employees that I accept the risk as my own and waive all claims, including but not limited to claims for personal injury or property damage which I may have against **STONE CROP FARM**. **"WARNING" = You assume the risk of equine activities pursuant to Pennsylvania Law – Act 93 of 2005.**

I further understand that **STONE CROP FARM** property owners do not accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, employees or spectators or any other person in connection with the riding or handling of horses in any way on their property.

Wherefore, I hereby agree to hold **STONE CROP FARM**, its employees, owners, and managers harmless from any injury which I may receive, or property damage which I may cause while engaged in activities at **STONE CROP FARM**.

During the operation of the camp, it is understood that **STONE CROP FARM**, its owners, managers, and employees are not responsible for any accidents, damage, illness or injury that may occur while the camper is participating in the camps. This is to include, but is not limited to camp related activities at **STONE CROP FARM**, 1646 Fairview Rd., Glenmoore, PA.

I acknowledge that by signing this form, I have read and fully understand its contents.

_____ _____
Signature Date

_____
Parent or Guardian (must sign if participant is under 18 years of age)

Allergies/Health Information:_____
In Case of Emergency: (Hospital)_____
Doctor:_____
Doctor Phone #:_____
Health Insurance
Company:_____
ID#:_____