

## PARKVIEW RIDING CENTER

## **SUMMER CAMP APPLICATION**

Camper's Name:		Age:	
Address:		Weeks Requeste	ed:
City, State, Zip:		_	
Home Phone:			
What level rider are you?			
Where have you ridden?			
Parent's Name:	Daytim	e Phone:	
Parent's Cell:	Camper's Cell:		
Alternate Emergency Contac	<b>:</b>		
Alternate Emergency Phone:			
	***************************************		
Relationship to camper:		F	
	ditions we should know about?	☐ Yes	□ No
If yes, please advise us here: _			
Parkview Riding Center Release and Hole	d Harmless Agreement: In consideration of the us	e of the horses, gear, equipment	, premises and facilities of Parkview , I agree for
	may use Parkviews horses, gear, equipment, premises liable to me, my child(ren), in or about Parkview pr		
or intended use of Parkviews horses, gear, equp	ment, premises and facilities. For myself and my child	lren I agree not to sue Parkvie	w for such injuries. I hearby release Parkview
	from any claims for any injuries or losses arising from hese risks can include bodily injury from using, ridin		
	he agreement shall continue in effect. This agreement		norses. If any part of this agreement should be
g. 1		_	
Signed:		Date:	<del>44 - 15 </del>
(	parent or guardian)	·	•
	For Office Use Only		
Date: Check Number: Amount:	Balance Due: Date: Chec	Number: Amount:	Balance Due: