Application for Summer Day Camp 2007
Schaerfield Farm
Goshen, CT

Name of Participant: _____ Date of Birth: _____

Address: _____ State: _____ Zip: _____

Phone (h): _____ Phone (w): _____

Parent's Names: _____

Contact in case of emergency: _____ Phone: _____

Cell Phone: _____

Participant's Doctor: _____ Phone: _____

Hospital: _____ Phone: _____

Allergies of Participant: _____

Level of Riding Experience: (please circle one)

None Beginner Intermediate Number of years riding: _____

Special instructions: _____

Session Desired (please check one): >>> **Send check or money order* upon acceptance into program** <<<
>>> **Payable to Zakar Equine Enterprises, Inc.** <<<

- ❍ July 16-20, 2004: $250 Ages 7-12 (Application deadline: July 2, 2007)
- ❍ July 23-27, 2004: $250 Ages 7-12 (Application deadline: July 9, 2007)
- ❍ August 6-10, 2004: $250 Ages 7-12 (Application deadline: July 23, 2007)

Signature of parent (or guardian): _____

Release Form

This release is made the _____ day of _____ by _____ of _____
(day) (month) (year) (Parent/Guardian) (City/Town)

CT _____. In consideration of permission granted to _____ to participate in riding camp
(zip code) (student name)

and associated activities, from Zakar Equine Enterprises, Inc. and for other valuable consideration, receipt of which is hereby acknowledged, we, the undersigned, hereby release and discharge Zakar Equine Enterprises, Inc., and Lisa E. Schaer, Donald V. Schaer, Linda K. Schaer, their agents, employees and officers from all claims, demands, injuries, actions or other matters which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators or assigns may have or claim to have against Zakar Equine Enterprises, Inc., and Lisa E. Schaer, Donald V. Schaer, Linda K. Schaer, for any personal injuries, known or unknown, caused by or arising out of riding camp and associated activities, administered or overseen by Zakar Equine Enterprises, Inc., and Lisa E. Schaer. We further assume all risks associated with riding camp and understand the dangers associated with riding camp and associated activities.

_____ _____ _____
(Witness) (Parent, Guardian or Adult Student) (Minor Student)