

WALNUT WAY

MARILYN FIELDS MACFARLANE
P.O. Box 296
Simpsonville, Ky. 40067
Phone (502) 633-6311

I apply for enrollment in the session.
(give date)

Name

Address

Telephone () ()
(business) (residence)

Age Birthdate Sex Height Weight

Previous Riding Experience:

Name of Parent or Guardian

Address

Bus. Tel. ()

Health insurance co.

Policy No.

Do you plan to bring your own horse?

Your own saddle?

Permission to fish or swim in farm's lake, or local country club

Tetanus shots are required of all campers.

Any medical information we should know:

A deposit of half the balance is required with this application. Balance is due on the first day of the course.

The deposit is only refundable if you are not accepted to the session you apply for.

Date and time of arrival How are you arriving?

If by plane, please give flight # and time of arrival

Does Walnut Way need to pick you up at the airport? Time of departure

I/we hereby agree to assume all responsibility and risk from the use and rental of riding horse from WALNUT WAY FARMS; and further agree to hold WALNUT WAY FARMS, teachers, counselors, trainers and employees free from all damages or liability for any injury to person or property arising as a result of the use, rental or lesson of said horses or equipment, or while staying at WALNUT WAY FARMS.

The undersigned, parents of student, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment, which may be required but is given to encourage the WALNUT WAY FARMS staff, hospital staff, and such physician to exercise their best judgement as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonable and necessarily incurred.

Dated:

Applicant Signature

Parents or Guardians Signature if under 21

Accepted: WALNUT WAY FARMS

By:

WARNING

Under Kentucky Law, a farm activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

RELEASE OF LIABILITY

PLEASE READ AND SIGN THE FOLLOWING RELEASE OF LIABILITY AND ASSUMPTION OF RISK.

I/We understand that participation in a farm activity (such as horseback riding and related activities) involves inherent risks which are beyond the reasonable control of Walnut Way Farm Inc. and its instructors, counselors, trainers, employees and other participants (collectively, the "Farm"). The Farm has no duty to reduce or eliminate such risks. These inherent risks include, but are not limited to: the propensity of horses and other farm animals to behave in ways that may result in injury or death to people around them; the unpredictability of the reaction of a horse or other farm animal to sounds, sudden movement and unfamiliar objects, persons, animals, or surroundings; certain hazards such as surface or subsurface conditions; collisions with other animals or objects; and the potential of a participant in the activity (whether you or someone else) to act in a negligent manner that may contribute to injury, such as failing to maintain control over an animal or not acting within the participant's ability.

The undersigned expressly assumes the inherent risks in the participation in a farm animal activity whether on the Farm premises or elsewhere on his or her behalf and, if applicable, on behalf of the referenced minor or such other individuals as the undersigned may invite to the Farm. The undersigned waives any claim he or she or the minor child may have against the Farm as a result of injury or property damage incurred in said activities. Except to the extent that any claim is based upon sole and exclusive negligence of the Farm, the undersigned further agrees to hold the Farm harmless from any claim arising out of the undersigned's (or minor's) participation in farm animal activities or participation in such activities by any person invited by the undersigned to the Farm if such person has not also signed a release.

The undersigned parent or guardian of the minor hereby consents to and authorizes any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. It is understood that this consent and authorization is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage the Farm staff and hospital staff, or physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances, and other medical charges reasonable and necessarily incurred.

Date _____

Applicant's Signature _____

Parent's/Guardian's Signature (if under 21) _____

I have read and agree to the above release.

WALNUT WAY FARM, INC.

P.O. Box 296

Simpsonville, KY 40067

502/633-6311

Name _____

Address _____

Street

City

State

Zip

Telephone () _____

Age _____ Birth Date _____ Sex _____ Height _____ Weight _____

Previous Riding Experience _____

Name of Parent or Guardian _____

Address _____

Street

City

State

Zip

Business Telephone _____

Any Medical Information we should know: _____
