



Second Nature Farm
420 Catamount Rd
Oxford, Pa 19363
www.secondnaturefarms.com



APPLICATION FOR ENROLLMENT- Half day camp

Applicant's Name: _____

Age: _____ Sex: _____ DOB: _____ Height: _____ Weight: _____

Address: _____ Phone (H): _____

Phone (Cell) _____

Riding Experience _____

Insurance company and number: _____

Allergies/Medical Conditions: _____

Mother's Name: _____

Phone: _____

Email Contact: _____

Address (if different): _____

Father's Name: _____ Phone: _____

Address(if different) _____

Guardian's Name: _____ Phone: _____

(if applicable)

Address: _____

Is there anything else you feel important for us to know about your child: _____

RELEASE

The undersigned acknowledges that they are the parents or legal guardians of the applicant and that in consideration of their child being permitted to participate in SECOND NATURE FARM Day Camp and other riding activities, being aware of the risk of injury to the child and agree they will be responsible for and hereby release SECOND NATURE FARM and there employees from any and all liability, including negligence, by reason of injury to their chold, themselves, or their property during the day camp and riding activities, including but not limited to riding lessons, trail rides, exercise, jumping, caring for horse before and after riding, showing, etc.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____
(if applicable)

WARNING: YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PA LAW.

REGISTRATION

_____ July 13,14,15
_____ July, 27,28,29
_____ Aug 3,4,5
_____ Aug 10,11,12

\$175 per week

Please make checks payable to: SECOND NATURE FARM

**Mail check and signed forms to: 420 Catamount Rd, Oxford, Pa 19363
or deliver in person to a SNF Staff Member**

Contact Anecia with any questions at: Aneciasnf@gmail.com

Warning: Under Pennsylvania law an equine professional and equine activity sponsor is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. I/We acknowledge that equine activities are a high risk activity. In consideration of the acceptance of this entry, whether I am mounted or un-mounted, I release and in addition hold harmless Second Nature Farm, it's owners and agents, of and from any and all claims and demands of every kind which I may have or hereafter acquire for bodily injury, death, or property damage and from all liability for negligent acts or omissions.

Signed Parent or Guardian: _____ Date _____