



WHIMSY BROOK FARM, LTD.

29 Giles Hill Road, Redding, CT 203-938-3760

2007 Spring/Summer Program Registration Form

Last Name _____ First Name _____

Address _____

Home Phone _____ Work Phone _____

Email Address _____

Program(s) desired _____

Age (if minor) _____ Riding ability _____

Please provide any additional information that you feel we should know about your child or yourself (allergy, health problems, restrictions, special needs)

Please enclose a non-refundable deposit of \$150.00

(Please make all checks payable to Whimsy Brook Farm, Ltd.)

Please sign and date the following waiver:

WAIVER OF FARM LIABILITY

I recognize that this activity involves risk of injury, and that because of the nature of this activity, injury may occur. I agree to release Whimsy Brook Farm, Ltd., its affiliates, officers, employees, and instructors from any and all liability related to any injury that I or my child or family member sustain or may later sustain while engaging in this activity. I agree to hold Whimsy Brook Farm, Ltd. and its affiliates, officers, employees, and instructors harmless from any claim, cost, or expense related to any injury I or my child or family member sustain or may later sustain while engaging in this activity. I acknowledge that I have read this statement, fully understand it, and sign voluntarily.

SIGNED: _____ DATE _____

Mother

SIGNED: _____ DATE _____

Father