



# WHIMSY BROOK FARM, LTD.

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

## Summer Youth Program Registration Form

Last Name		First Name	
Address			
Home Phone		Work Phone	
Email Address Program date(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 \$799 for a single session or \$1499 for a double session.** Please make all checks payable to Whimsy Brook Farm, Ltd.

**Please sign and date the following waiver and photo release:**

### 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.

**I give  do not give  my permission for my child's photo to be used in WBF promotional materials.**

SIGNATURE:	DATE:
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Rider or Mother (if rider is a minor)

SIGNATURE:	DATE:
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Father (if rider is a minor)