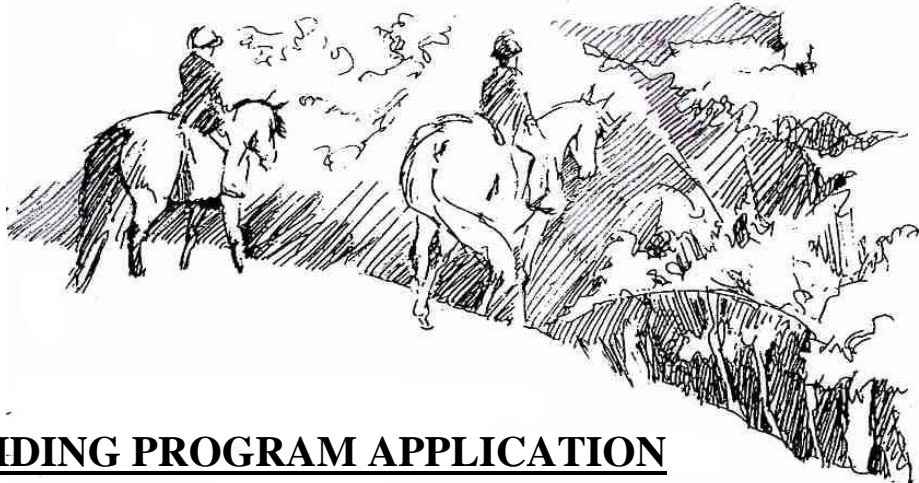


**Eddy Farm School
for Horse and Rider**

1815 South Street Ext.
Middlebury, VT 05753
(802) 388-6196
www.eddyfarmschool.org



2009 SUMMER RIDING PROGRAM APPLICATION

(Last Name) (First Name) (Date of Birth)

(Parent/Guardian) (Home Number)

(Work Number) (Cell Number)

(Home Address)

(Email Address)

Allergies: _____

Does your child have any special needs (physical, mental and/or learning) that need to be considered while working around horses, learning to ride, and/or participating in other program activities?

Riding Abilities or Previous Riding Experience:

Special Interests/Extracurricular Activities:

Fee: \$300 per one week

Session hours 9am to 3pm Monday – Friday
Please check the dates attending:

June 22 -26 _____ June 29 – July 3 _____ July 6 – 10 _____ July 13 – 17 _____

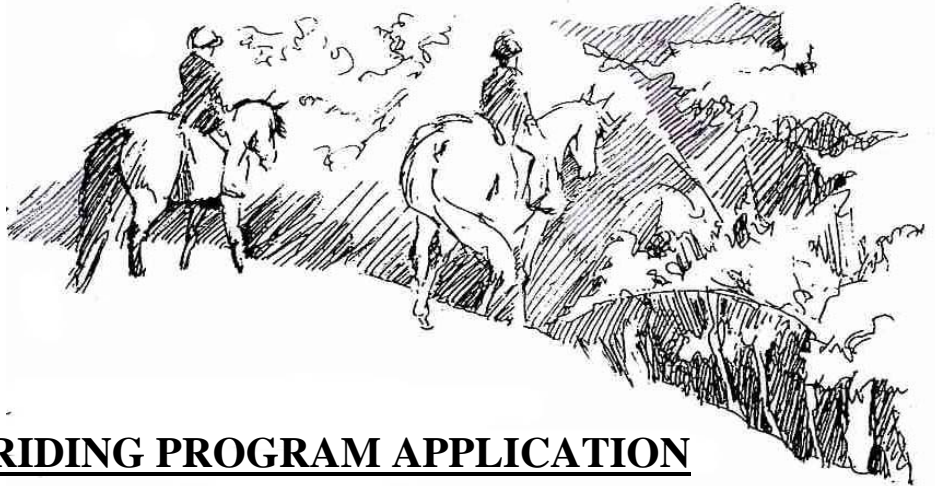
July 20 – 24 _____ July 27 – 31 _____ August 3 – 7 _____ August 10 – 14 _____

I realize that the Eddy Farm does not carry major medical insurance and that my family insurance will cover my child during that time he/she is at the Eddy Farm. Further, I realize that although all necessary precautions will be taken to ensure the safety of my child while participating in equine related and other program activities that accidents can occur and that I will not hold the Eddy Farm or any Instructor liable. Under Vermont law, an equine activity sponsor is not liable for any injury to, or the death of, a participant resulting from participation in equine activities due to the inherent risk of equine activities that are obvious and necessary, pursuant to 12 V.S.A.\$1039.

(Signature of Parent/Guardian) (Date)

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2009 SUMMER RIDING PROGRAM APPLICATION

Medical Release

Please provide the name and telephone number of an emergency contact person other than the parent/guardian as well as their relationship to your child:

Please list any person who has permission to remove your child from the Eddy Farm:

Please give a brief health history, including current special dietary needs, allergies, medications, and any other identified needs:

Please list the name of your child's physician in the event that medical care needs to be provided:

Please provide any additional information you feel necessary for us to know while your child is at the Eddy Farm:

By signing this document I am authorizing the Eddy Farm to obtain medical care if it were required for any reason. I also assure that my child has had all immunizations appropriate for his/her age and/or medical condition.

(Signature)

(Date)