

# Cascade Stables

## Winter Riding Camp 2025

The following agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2025 by and between **CASCADE STABLES, INC.**, hereinafter referred to as "Stables", and

\_\_\_\_\_

Parent/Guardian agrees to pay the sum of \$85 per day to enroll \_\_\_\_\_, thereafter referred to as "Rider", in the **Cascade Stables Winter Camp Riding Program**. Full amount must be paid in advance for guaranteed spot. Please fill out and return signed forms and payment\*\* (checks made payable to Cascade Stables) mail to:

***Cascade Stables Winter Camp***  
***3526 Upperline St.***  
***New Orleans, LA 70125***

\*All riders must wear long pants and close-toed shoes. Helmets will be available at the stables or you can bring your own. Children need a lunch and water \* Camp will go from 9AM- 3PM.

Please select day(s) in which you would like your child to attend:

December 22<sup>nd</sup> \_\_\_\_\_

December 23<sup>rd</sup> \_\_\_\_\_

December 24<sup>th</sup> \_\_\_\_\_ will run from 8AM- NOON — \$65/day

December 29<sup>th</sup> \_\_\_\_\_

December 30<sup>th</sup> \_\_\_\_\_

December 31<sup>st</sup> \_\_\_\_\_ will run from 8AM- NOON — \$65/ day

### **WARNING**

**Under Louisiana law, a farm animal activity sponsor or farm animal sponsor professional is not liable for an injury to or the death of a participant in a farm animal activity. Activities resulting from the inherent risk of farm animal activity, pursuant to R.S.9:2795.1.**

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## CASCADE STABLES

### CAMPER INFORMATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

E-Mail: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

WORK \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

WORK \_\_\_\_\_

### EMERGENCY CONACT IF MOTHER AND FATHER ARE UNAVAILABLE

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

WORK \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

ALLERGIES IF ANY: \_\_\_\_\_

ARE THERE ANY SPECIAL NEEDS? (If Yes, please list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_