Cascade Stables
Winter Riding Camp 2026

The following agreement is made and entered into this _____day of _____, 2026 by and between **CASCADE STABLES, INC.,** hereinafter referred to as "Stables", and

_____

Parent/Guardian agrees to pay the sum of $90 per day to enroll _____, thereinafter 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 closed-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 21st _____ **December 28th** _____

December 22nd _____ **December 29th** _____

December 23rd _____ **December 30th** _____

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?_____

_____