

CASCADE STABLES
Summer Riding Program 2024

The following agreement is made and entered into this _____ day of _____, 2024 by and between **CASCADE STABLES, INC.**, hereinafter referred to as "Stables", and _____

Parent/Guardian agrees to pay the sum by check of \$350.00 per week to enroll _____, thereinafter referred to as "Rider", in the **Cascade Stables Summer Riding Program** for the 2024 term.

****A \$50 non-refundable deposit is due when camp forms are returned in order to secure a spot in that week of camp. The remaining \$300.00 is due the first day of the camp week.****

Cascade Stables Summer Riding Program
3526 Upperline St.
New Orleans, LA 70125

Please Select Week(s)

_____ 1) June 3-7	_____ 4) June 24-28	_____ 7) July 22-26
_____ 2) June 10-14	_____ 5) July 8-12	_____ 8) July 29-Aug. 2
_____ 3) June 17-21	_____ 6) July 15-19	

Times for camp will be 9:00am- 3:00pm (there will be NO BEFORE/AFTER CARE!!)

Ages 5 & up. Long pants and close-toed hard soled shoes required for riding. All riders are **required** to wear a helmet while mounted. Helmets may be provided by the stables, so long as the helmet properly fits. Cascade Stables **STRONGLY RECCOMENDS** rider provide their own protective head gear.

Rider will be assigned a horse for his/her use during the hours set forth above. Activities will include riding and grooming as well as instruction in the proper care and handling of saddles, bridles, and other riding equipment. The rider is to bring a lunch each day. Parent certifies that he/she is well aware of the dangers and risks of accident inherent in riding and attendance of horses and fully assumes all such risks of loss, damage, injury or accident.

WARNING

Under Louisiana law, a farm animal activity sponsor or farm animal sponsor professional is not liable for injury to, or the death of a participant in a farm animal activity/activities resulting from the inherent risks 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 CONTACT 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 _____
