

**CASCADE STABLES**  
**Summer Riding Program 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 by **CHECK OR CASH** of \$375.00 per week to enroll \_\_\_\_\_, thereinafter referred to as "Rider", in the **Cascade Stables Summer Riding Program** for the 2026 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 \$325.00 is due the first day of the camp week. If accounts aren't paid up to date on the Monday of each week, campers will not be allowed to stay at camp until payments are complete.\*\***

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

Please Select Week(s)

- |   |  |   |
|---|--|---|
| 1) _____ June 8 <sup>th</sup> - 12 <sup>th</sup>  | 4) _____ June 29 <sup>th</sup> - July 2 <sup>nd</sup> ( <b>\$300</b> ) | 7) _____ July 20 <sup>th</sup> - 24 <sup>th</sup> |
| 2) _____ June 15 <sup>th</sup> - 19 <sup>th</sup> | 5) _____ July 6 <sup>th</sup> - 10 <sup>th</sup>                       | 8) _____ July 27 <sup>th</sup> - 31 <sup>st</sup> |
| 3) _____ June 22 <sup>nd</sup> - 26 <sup>th</sup> | 6) _____ July 13 <sup>th</sup> - 17 <sup>th</sup>                      | 9) _____ August 3 <sup>rd</sup> - 7 <sup>th</sup> |

**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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_