



2021

“Holiday” Unicorn Program

Registration Form



Camper Name: _____ Age: ____ (4-8) Boy/Girl (circle)
 Parent’s Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Mom’s Day Phone: _____ Dad’s Day Phone: _____
 Email: _____
 Name and Number of Emergency Contact: _____

What to bring:

- Full-length pants, boots or shoes with smooth sole and heel (for riding lesson)
- Helmet (bike helmet is fine)

Sessions:

- () June 7th, 21st & 28th 3:00p.m.-5:00p.m.
- () July 12th, 19th & 26th 3:00p.m.-5:00p.m

Cost for each session is \$150.00 A non-refundable down payment of \$50. is required with each registration, the remainder to be paid by the first session.

Please make checks out to Galemont Farm and return with your registration form, by mail, to Galemont Farm, 4041 Cortina Rd., Baldwinsville, NY 13027 (this is only our mailing address).

For more information, please contact Christa Carson at (315) 727-0659.

Paid \$_____ on _____, 2019. Remaining balance of \$_____

Each child must also have a signed Liability Release on file in order to participate. Forms will be available at the first session () Release completed

Any health/allergy concerns: _____

 Signature of Parent or Legal Guardian Date

Assumption of Risk Agreement and Release

Galemont Farm LLC.

6871 West Sorrell Hill Road
Warners, NY 13164

Riding Assumption of Risk Agreement and Liability Release

I, _____, (parents name if for a minor), here by acknowledge that I have willfully and voluntarily applied to participate in the activity of Horseback Riding and or Hunter and Hunt seat Equitation Lessons at Galemont Farm LLC. I am fully aware of and acknowledge the dangers and perils that are peculiar and particular to this activity, including but not limited to falling from a horse, being stepped on or kicked by a horse, being pushed by a horse or pinned between a horse and another object. I am further aware that horses can be unpredictable and I am fully aware that their actions and reactions can and do cause injury. I hereby acknowledge that I am voluntarily participating in these activities with full knowledge of the dangers particular to this activity. I do hereby fully agree to solely accept any and all risk of accidental loss, serious bodily injury or death in association with any and all of these activities. In consideration for my participation in any or all of the activities, use of facilities and or equipment, I hereby release from and agree that neither I nor my heirs, executors, guardians, or legal representatives and assigns, will make any claim against, attach the property of, sue or prosecute Galemont Farm LLC., or any of its officers, representatives, instructors or affiliates for any injury, damage, and or death resulting from my participation in any Horseback Riding, Jumping, Horsemanship and or related activities.

In addition I hereby release and discharge Galemont Farm LLC., any of its officers, representatives, instructors or affiliates from all actions, claims or demands that I, my heirs, executors, guardians, legal representatives, or assigns now have or may have for any injury, damage, or death resulting from my participation in Horseback Riding, and or Hunter and Hunt seat Equitation and or any related activities.

I have carefully and thoroughly read this agreement and I fully understand its contents and consequences. I am also aware that this is a release of liability and a legal contract between Galemont Farm LLC and myself and I do sign it of my own free will.

Name: _____

Name of minor: _____ Age: _____

Signature: _____

(Parent or Legal Guardian if for a minor)

Date:

Galemont Farm LLC.

6871 West Sorrell Hill Road
Warners, NY 13164

Participant Information

Participants Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Address: _____

Email: _____

If participant is a minor:

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Address (If different): _____

Email: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Address (If different): _____

Email: _____

Emergency and Contact Information: _____

Other Medical or Allergy Information: _____

Other Information: _____