

BIT BY BIT FARMS SUMMER 2010 CAMP APPLICATION

CAMP DATES _____

CAMPER INFORMATION

NAME _____

AGE _____ HEIGHT _____ WEIGHT _____

REFERRED BY _____

RIDING EXPERIENCE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT PHONE _____

DOCTOR/HOSPITAL PHONE _____

MEDICAL INFORMATION

POLICY HOLDER COMPANY/ADDRESS _____

POLICY NUMBER _____ PHONE _____

STATE LAW REQUIRES THE FOLLOWING TO BE ON FILE:

PROVIDE LAST DATE OF IMMUNIZATIONS AND LIST ALL ALLERGIES:

TB _____ MMR _____ DPT _____ POLIO _____

OTHER _____

ALLERGIES:

INSECT STINGS _____ ASTHMA _____ FOOD _____

OTHER MEDICAL INFORMATION _____

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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I give consent for representatives of Bit by Bit Farms to obtain medical treatment for my child. I understand I am responsible for medical payment.

Parent/Guardian Signature _____

Date _____

LIABILITY RELEASE

The undersigned assumes total responsibility and risk of injury to self or minor child and holds harmless Bit by Bit Farms, any employees, representatives, or land lessees of Bit by Bit Farms liable for any accident, death or bodily injury to me, my child, spectator, and or property during any Bit by Bit Farms function or transportation to thereof. The undersigned understands that Bit by Bit Farms does not have medical insurance. The undersigned has read and understands terms of this release.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE) AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.

Parent/Guardian Signature _____

Date _____