



Willow Hill Farm Camp

75 Cassidy Road
Keeseville, NY 12944

Julie and Tara Edwards
518-834-9746

Fax 518-834-9890

APPLICATION FOR ADULT CAMP 2016

NAME _____ BIRTHDATE _____ Female/Male (Circle)

ADDRESS _____ ZIP _____

E-MAIL _____ PHONE _____

OCCUPATION _____

HEALTH PROBLEMS? _____ HEIGHT _____ WEIGHT _____

ADULT CAMP RATE: \$375, August 12-14
Includes three days, two nights, all meals
Arrive Friday 1:00 pm, depart Sunday 3:00 pm

RELEASE STATEMENT

I understand that horseback riding is a high-risk sport and am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the Owners and Directors of Willow Hill Farm Camp, their officers, agents, employees and volunteers, judges and officials from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including my horse. Further, I agree, in the event that I cannot stay the full period of time, for any reason, my fee is non-refundable.

Signature: _____ Date: _____

Please make checks payable to **Willow Hill Farm Camp**.

Mailing address: Willow Hill Farm Camp, 75 Cassidy Road, Keeseville, NY 12944.

Web site: www.willowhillfarm.com E-mail: julie@willowhillfarm.com