

Heatherwood Inc.

10950 Adams Rd., Granger, Indiana 46530

Ph: 574/247-1205

Rider Profile

Name of Rider _____ DOB _____

Address: _____

PH: (H) _____ (W or Cell) _____

Email: _____

Parents(if child) _____ Employer _____

Siblings: _____

Contact in case of emergency: _____ Relationship _____

PH: _____

Doctor: _____ PH: _____ Hosp: _____

Allergies: _____

Level of riding experience: ___ Beginner ___ Inter ___ Adv ___ Showing

Number of years riding? _____ What type of riding? _____ Previous lessons? _____

Where? _____

How did you hear of Heatherwood? _____

Special needs or instructions? _____

Waiver of Liability: UNDER INDIANA LAW, AN EQUINE OWNER IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Having read this I agree not to hold Deborah & Laurence Clements DBA: Heatherwood Inc. or their heirs liable for any injury/death sustained while riding at their equine facility. Signed:

I grant permission for Heatherwood Inc to use any photos taken of myself or my child during equestrian activities to be used for promotional purposes. Signed: _____ Date: _____

Lessons/8wk ___ group ___ private Camp week: ___ 6/1 ___ 6/8, ___ 6/15, ___ 6/22, ___ 7/13, ___ 7/20, ___ 7/27, ___ 8/3 Party Date _____

*Note: Lesson fees are not refundable. Makeup lessons must be taken within the rider's current 8 week program. Camp fees -\$50 are refunded w/ 3 weeks notice of cancellation.

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10950 Adams Rd., Granger, Indiana 46530

Ph: 574/247-1205

Camp Rider Profile

Name: _____ D.O.B. _____
Address: _____
PH: (H) _____ (W or Cell) _____
Email: _____
Parents' names _____ Employer _____
Siblings _____
Contact in case of emergency: _____ Relationship _____
PH: _____
Doctor: _____ PH: _____ Hosp: _____
Allergies: _____

Level of riding experience: ___ Beginner ___ Inter ___ Adv ___ Showing
Number of years riding? _____ What type of riding? _____ Previous lessons? _____
Where? _____ Special needs or instructions _____

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Camp week: ___ 6/1, ___ 6/8, ___ 6/15, ___ 6/22, ___ 7/13 ___ 7/20, ___ 7/27 ___ 8/3

Enclose payment with application.
Camp reservations will be accommodated on a first come first serve basis. Please indicate 1st & 2nd choice.
Camp fees minus \$50 will only be made if cancellation is received prior to 3 weeks before your child's camp date.