

Morning Star Farm ~ 2021 489 Route 94, Fredon Township, N.J. 07860

Registration Form :

www.mstarfarm.com

Tele:(973) 579-1226

RIDER INFORMATION:

Name: _____ Rider's age: _____
Address: _____ School: _____
City: _____ Grade Level: _____
State & Zip: _____ eMail Address: _____

EMERGENCY CONTACT INFORMATION

PARENTS NAME: Mom's Cell Phone: () _____
MOM: _____ **Daytime Phone:** () _____
DAD: _____ **Dad's Cell Phone:** () _____
Guardian: _____ **Daytime/Work Phone:** () _____

EMERGENCY CONTACT (If unable to reach either parent) :

Name: _____
Relationship: _____ Telephone # () _____

***CHILD'S PHYSICIAN:** _____ Physician Phone No. () _____

***ANY KNOWN ALLERGIES:** _____

***Health Records: I certify that my child has had Vaccinations Required for School Attendance.**

***Please Provide a Current List of Your Child's IMMUNIZATION RECORDS.**

***Describe any special needs child may have (S,A. Medication and or Medical Needs):**

Briefly Describe Rider's Horse Experience (if any), circle one: English or Western

How were you referred to us? (check one plz) A Friend _____ Facebook: _____
Yellow Pages _____ Drive By _____ On Line _____ Google _____ Yahoo _____

“WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997, c.287 (C.5:15-1 et seq).”

The Undersigned acknowledges that they are the Parent/Guardian and in consideration of their child being permitted to participate in Horse and Riding Activities at MorningStar Farm, LLC they assume full risk of any injury to the rider and agree that they will be responsible for and do hereby release MorningStar Farm, LLC from all liabilities, including negligence by reason of injury to their child or their property during the Summer Riding Program, Camp, riding activities, including but not limited too riding lessons, exercizing, caring for horses before and after, trail rides, jumping, etc.

Medical Release: In case of an emergency, I hereby give Morning Star Farm, its owners and it's employees the right to contact a Medical Doctor or Arrange for Emergency Medical Care if deemed necessary.

() Please check if you **DO NOT** want any of your child's Pictures shared on the multimedia.

Signed: _____
PARENT or GUARDIAN

Date: _____

Social Distancing Guidelines are in effect for all Employees & Customers

1. You should wear a face covering whenever you enter the farm.
2. When visiting and standing at the riding ring, please keep six feet between yourself and other customers/staff.
3. Please do not enter this farm if you have symptoms consistent with COVID19 (such as fever or a cough), have been diagnosed with COVID-19, or are undergoing a quarantine for potential exposure to COVID-19.

1. Have you or any member of your family been in contact with any one who have had one or any of the symptoms listed below in the past 7 days?

- Sore Throat**
- Fever**
- Congestion**
- Cough**
- Tiredness**

2. Have you or any of your family members ever tested Positive for the Covid-19 Virus?

- YES**
- No**

3. Have you or any of your family members been in direct contact, to your knowledge, with anyone testing Positive to the Covid virus?

- Yes**
- No**

4. * Please Provide a Current List of Your Child's IMMUNIZATION RECORDS.**

Liability Agreement: MorningStar Farm, LLC Liability Release Agreement - Morning Star Farm, it's Owners, Operators, Employees, Helpers, Riders and their Families hall **not be liable** for any loss resulting from Covid-19. Parents and Guardians of Riders agrees to assume any loss and release Morning Star Farm from Liability.

Rider's Name: _____ Rider's Temperature Today: _____

Signature: _____ Date: _____
Parent or Guardian

