Morning Star Farm ~	2024	489 Route 94, Fred	on Township, N.J. 07860
<b>Registration Form :</b>	<u>www</u> .	. <u>mstarfarm.com</u>	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: ()
<u>MOM:</u>	Daytime Phone: ( )
	Dad's Cell Phone: ( )
	Daytime/Work Phone: ( )
EMERGENCY CONTACT ( If unab	
Name:	
Relationship:	Telephone # ( )
*CHILD'S PHYSICIAN:	Physician Phone No. ()
*ANY KNOWN ALLERGIES:	
*Describe any special needs child ma	ay have (S,A. Medication and or Medical Needs):
Briefly Describe Rider's Horse Expe	erience (if any), circle one: English or Western
How were you referred to us? (che	eck one plz) A Friend FaceBook:
Yellow Pages Drive By	eck one plz) A Friend FaceBook: On Line Google Yahoo
"WARNING: UNDER NEW JEE	RSEY LAW, AN EQUESTRIAN AREA OPERATOR IS
	TO OR THE DEATH OF A PARTICIPANT IN EQUINE
	NG FROM THE INHERENT RISKS OF EQUINE
	NT TO P.L.1997, c.287 (C.5:15-1 et seq.)."
The Undersigned acknowledges that they are t	the Parent/Guardian and in consideration of their child being permitted to
participate in Horse and Riding Activities at M	forning Star Farm, LLC they assume full risk of any injury to the rider and
	hereby release Morning Star Farm, LLC from all liabilities, including or their property during the Summer Riding Program, Camp, riding activities,
	kercizing, caring for horses before and after, trail rides, jumping, etc.
Medical Release: In case of an emer	gency, I hereby give Morning Star Farm, its owners and it's
	dical Doctor or Arrange for Emergency Medical Care if
deemed necessary.	

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

Date: \_\_\_\_\_