

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:** _____

***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 Morning Star Farm, LLC they assume full risk of any injury to the rider and agree that they will be responsible for and do hereby release Morning Star Farm, LLC from all liabilities, including negligence b y 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: _____