

AWF Daycamp Registration

Allergies: _____

Medications: _____

Ph. EMERGENCY # 1 _____

Name- Relationship _____

Ph. EMERGENCY# 2 _____

Name- Relationship _____

Child's Name : _____

Address: _____

City, State, Zip: _____

Phone Number: _____

☐ Riding Release form Signed

☐ Overnight ☐ Week ☐ Mini

Date of Session: _____

Childs Age: _____

Total Camp Fee: _____

NON-refundable Deposit: _____

Discounts: _____

Balance Due First day of Camp: _____

RELEASE OF LIABILITY AND HOLD HARMLESS

As parent or legal guardian for the above child I hereby release Applewood Farms, LLC, Michael, Samara Lancia their heirs, employee's, volunteers and or assigns from any and all liability and claims that may arise from injury or death to my child while under their care at their farm/residence or during field trips. I also understand that my child may take part in swimming activities, and there will be NO certified lifeguard present only supervision by camp leaders and permit my child to swim at my/their own risk and hereby release and hold harmless the Lancia family, heirs and/or assignees' & Applewood farms as stated above previously from all liabilities that may occur. This release is an addendum to the Release of Liability signed previously with Applewood Farms, LLC.

Parent/ Legal Guardian _____

Date: _____

Date: _____