

SHOOFLY FARM

25328 SE Issaquah Beaver Lake Road
Sammamish, WA 98075
425-260-8507



Please complete one application for each child.

Name _____ M/F _____

Address _____

City _____ Zip _____

Phone _____ Work or cell phone _____

Email _____

Mom's name _____ Dad's name _____

Age _____ Birth date _____

Special concerns (allergies, medications, etc.) _____

Program _____ Session _____

Payment: Payment in full with application \$ 575.00 (5 day) per week
 Leadership/Helper \$ 275.00 per week

A confirmation card will be sent when your child(ren) are registered.

Registration fee is fully refundable with one week notice of cancellation.

SEE PAGE 2 FOR RELEASE

RELEASE – Please read carefully before signing

I recognize that horseback riding and farm related activities are hazardous and can result in serious injury or death. I accept the risks inherent in the farm environment and horseback riding. I agree to RELEASE, FOREVER DISCHARGE, DEFEND, HOLD HARMLESS, and INDEMNIFY Shoofly Farm LLC. And its employees, agents, subsidiaries, contractors, officers, members, managers, owners, volunteers, real and personal property owners, as well as equipment manufacturers and distributors (hereinafter “Releasees”) of and from any and all liability, claims, liens, demands, actions and causes of action whatsoever, including claims based on negligence or breach of warranty, arising out of or related to any loss, cost, damage or injury, including death, of any person or damage to property of any kind related in any way to Program’s operations, including travel to and from Shoofly Farm LLC, or the errors or omissions of the Program, its agents, subcontractors, volunteers, or any other person directly or indirectly employed by them, or any of them, while engaged in any activity associated with this agreement, whether contractually or otherwise. This release is binding as to any other persons, including family members, heirs and executors. This release does not apply to gross negligence or intentional acts.

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for all medical expenses incurred as a result of the minor’s participation in or travel to and from Shoofly Farm LLC. I also agree to HOLD HARMLESS and INDEMNIFY Shoofly Farm LLC for any claims brought by the minor. I also agree to Indemnify, defend, and Hold Harmless the releasees for any and all claims brought by the minor and any and all claims brought by any third party arising in connection with the activities of Shoofly farm LLC. I consent to the use by Shoofly farm of any pictures for commercial purposes, or otherwise, of my child in connection with the activities of Shoofly Farm LLC.

Date _____ Camper/Participant(s) _____

Parent/Legal Guardian if under 18 _____