

**Dawn Bonin Horsemanship LLC**  
at Babcock Hill Horses Naturally LLC  
577 Babcock Hill Rd  
Coventry, CT 06238

\_\_\_\_\_ date

To Dawn Bonin Horsemanship LLC

I, \_\_\_\_\_, (parent/legal guardian) of \_\_\_\_\_, (child) grant permission for my child/ward to participate in the Horsemanship Camp. Please circle week(s) you wish to attend below. Please include 50% deposit (checks made out to Dawn Bonin Horsemanship) with this emergency info form. Additional 50% due the first day of program.

**June 21<sup>st</sup> -June 24<sup>th</sup> (Tuesday-Friday) 10am-1pm \$250**  
**Pony Pals - ages 5-7yo**

**July 19<sup>th</sup> -July 22<sup>nd</sup> (Tuesday-Friday) 9:30am-2:30pm \$325**  
**Pony Power- ages 8yo+**

**August 9<sup>th</sup> -August 12<sup>th</sup> (Tuesday-Friday) 9:30am-2:30pm \$325**  
**Just Horsin' Around - ages 8yo+**

*Please register before 5/15/22. If registering after 5/15/22, prices will increase \$50/week.*

**Transportation Details:**

Scheduled time of Arrival:

Scheduled time of Pick-up:

Date of Birth:

Details of Transportation:

**Child's Medical Information**

Blood Group:

Food Restrictions:

Physician's Name and Phone Number:

Parent/Guardian's Name:

Communication Address:

Email Address:

Emergency Contact Numbers:

**Authorized to Treat Minor Students In the event that I cannot be reached in an emergency,**

I hereby permit the concerned program directors to call 911 and/or to contact a medical facility or physician selected by the facility to provide proper treatment to \_\_\_\_\_(child). I will be responsible for all expenses arising in association with such treatment.

**Prescription or Over-the-counter Medication**

I certify that I have included a doctors note, enlisting necessary medication that \_\_\_\_\_ (child) must take.

**Permission to Photograph**

I grant to Dawn Bonin/Babcock Hill, the right to take photographs of me and my family in connection with the above-identified program. I authorize Dawn Bonin/Babcock Hill, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Dawn Bonin/Babcock Hill may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

**Acknowledgment of Notification Regarding Risk**

I hereby acknowledge that I have been notified the activities involved in this camp program are considered to be of 'high risk' to the participant.

**Indemnity and Waiver of Claim**

I, the undersigned, parent/legal guardian of \_\_\_\_\_(child), hereby agree to indemnify and hold harmless Dawn Bonin Horsemanship LLC, its employees, volunteers, Babcock Hill Horses Naturally LLC, all owners and affiliations of property from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the kids day program.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_