Summer Equestrian Camp Equine Release Form

Bridle Paths Equestrian Summer Camp, LLC
7115 N.W. 136 th Street
Gainesville, FL 32653
352.333.0918 (office)
352.317.6647 (cell)
866.907.6309 (fax)
EMail:info@bridlepathssummercamp.com
Internet: www. bridlepathssummercamp.com

My horse _____
is physically fit to withstand riding a minimum of 2 times per day, and to participate in camp activities.

Any additional information we should know about your horse (i.e.: does not sweat, heaves, cribs, etc.)

_____
_____
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_____

I further fully understand I am forever giving up in advance any right to sue or make claims against Bridle Paths Summer Camp LLC, Michele Pelaez, its executors, administrators and assigns, I am releasing if I, my property and/or my horse(s) suffer injuries, death, and/or damages, even though I do not know the extent of those injuries and/or damages. I will assume my own my horse(s), in the event of an accident or other incapacity or injury resulting from or occurring in _____ participation in or observation of equine activities at or sponsored by Bridle Paths Summer Camp LLC.

Parent Signature:

Camper Signature: