

EQUINE RIDING RELEASE FORM
UNDER THE INSTRUCTION OF SHARRON GAREAU
FOR CAMP MERRIWOOD

The undersigned, being the parent or guardian of

_____ a minor, agrees to the following:

Acknowledges and understands that an equestrian sport such as horseback riding can be unpredictable, and that accidents can happen to anyone at any time.

I hereby release and agree to hold harmless Sharron Gareau, Riding Director for Camp Merriwood, or those organizations or individuals associated with Sharron Gareau and Camp Merriwood from any and all liability for injuries or damages of any sort suffered by said minor as a result of or in any way related to participation in the riding program at Camp Merriwood.

The undersigned also agrees to assume responsibility for any damages, all claims, expenses incurred, or demands of any nature, in any action or proceeding brought by or on behalf of said minor, which have been a result of said minor's participation in the Camp Merriwood Riding program under the direction of Sharron Gareau.

Signature of Parent/Guardian

Date

Address

State/Zip

Phone Number

MAILING ADDRESS:

(Before June 1st)
Camp Merriwood
51 Forest Avenue #107
Old Greenwich, CT 06870
FAX: (203) 637-5132

(After June 1st)
Camp Merriwood
11 Camp Road
Orford, NH 03777
FAX: (603) 353-4821