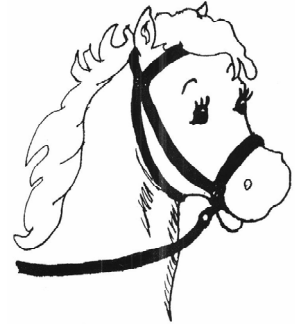


BLACK'S HORSES & PONIES
16045 Rococo Rd. Tallahassee, FL 32309
Office/stable (850)893-7212
www.blacksponies.com



Summer Camp Application

Mail in with \$50.00 deposit to the address above.

Please indicate weeks requested: _____

Release

I/We _____, parent(s) or legal guardian(s) of _____ (child), by enrolling my/our child in Black's Horses & Ponies, Inc. Summer Riding Camp, certify that I/we are cognizant of Florida Statutes 773.04 which states as follows:

“UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.”

BLACK'S HORSES AND PONIES, INC. AND STAFF REQUIRE OUR SUMMER CAMPERS TO PROVIDE AND WEAR PROTECTIVE HEADGEAR (HARD HAT) AND BOOTS OR SHOES WITH A HEEL.

I/We hereby release Black's Horses & Ponies, Inc. and any staff members affiliated with Black's Horses & Ponies, Inc. from any responsibility for any occurrence in connection with the Summer Riding Camp which may result in injury, death, or other damages. I/We further state that I/we are of lawful age and competent to sign this affirmation and release and that by signing I/we understand the terms therein. I/We assume all responsibility for _____ (child)'s physical fitness and capabilities to perform under normal conditions of the Black's Horses & Ponies, Inc. Summer Riding Camp.

In witness whereof I/we have executed this affirmation and release on this _____ day of _____, 20_____.

Parent or Guardian Witness

Parent or Guardian Witness