

CEDAR LODGE SUMMER CAMP

Pathfinder Application

47000 52ND Street, P.O. Box 218 Lawrence, Michigan 49064 Phone: 269-674-8071 or 269-674-8072

Fax: 269-674-8071; E-mail - campcedarlodge@gmail.com

Web site: www.cedarlodge.com

Camper's Full Name:		<u>Male Female</u>
Name Most Used:	Birth date:	Age:
Address:		
City:	State:	Zip:
School:		Grade:
Father's Name:		
Mother's Name:		
Primary phone:	Fa	nx:
Secondary phone:	E-mail:	
Please specify source (name of magazine or interne Others who may be interested in Cedar Lodge: Name:	•	
Name:	_Address:	
I am interested in (one only please):	My camper will be:ResidentialDayI will be paying the 50.0	00 enrollment fee by:
Please list date between June 16 th and August 9 th that is a Tues., Wed., Thurs., or Friday. We will try hard to accommodate you! Under certain circumstances, due to all camp trips we may have to reschedule.	CheckCashCredit Card (cont	tact me for number)

Camp Cedar Lodge, Cedar Lodge Stables, and The Land Company Release and Waiver

I forever release and discharge Camp Cedar Lodge, Cedar Lodge Stables, The Land Company, all their employees, all their agents, all their members and managers, and the staff and teachers of this Summer Camp, Year around facility and Stables for any liability that may occur during my as an adult, or my child's visit/stay. This release is in addition to any other release, including any horseback riding release, and shall not be construed to narrow or restrict any such other release. I understand that any minors with our group while visiting camp or stable will be the responsibility of our group. I also understand that if my child while taking lessons, visiting the barn, or on the grounds is solely still my responsibility. Lastly, I understand I am totally responsible for any risk I as an adult take or decisions I make while on this facility.

Minor's name:	
Parents signature:	Date:
OR	
Adult's name:	Date:
Adult participant signature:	
-I AGREE that that I or my child is participat Lodge Stables. I am fully aware and acknowl loss, and serious bodily injuryI AGREE to release Camp Cedar Lodge, CedamagesI AGREE to pay any losses, damages, or cost The Land Company harmless with respect to -I understand about protective equipment, and equipment without penalty, and I acknowledges, while WARNING that no protective equipment is a matter an adult or a parent or guardian of participation and AGEEE to all of the provisi or my Child's behalfI AGREE that Camp Cedar Lodge, Cedar Logificials, officers, directors, employees, agent BY SIGNING BELOW I further AGREE to and The Land Company rules, terms and proving No. 5004 WARNING: Under the Michigan	of a minor equestrian and I consent to either my or the child's ons and AGREE to assume all of the obligations of this Release on my odge Stables and The Land Company as used above includes all of their is, personnel, volunteers and affiliated organizations. See bound by all applicable Camp Cedar Lodge, Cedar Lodge Stables visions of their organization. Please Note: 1994 Public Act House Bill Equine Activity Liability Act, an Equine professional is not liable at in an equine activity resulting from an inherent risk of the
Print Parent/Guardian Name:	

Adult Participant Signature: