



# STEPPING STONE FARM & STARBUCK EQUESTRIAN

20 Mopus Bridge Road, Ridgefield, CT 06877

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## 2018 GIRL SCOUTS BADGES GROUP RESERVATION FORM

NAME OF GROUP \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_

*Please include a list of children's names and addresses.*

### REQUESTED DATE & TIME

First Choice (date) \_\_\_\_\_ (time) \_\_\_\_\_

Second Choice (date) \_\_\_\_\_ (time) \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ ALT. PHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### GIRL SCOUTS BADGES COST

Horse Fan Badge - \$15 (per person)

Horse Rider Badge - \$25 (per person for a 1½ to 2 hour management & riding program)

### WAIVER OF FARM LIABILITY

I recognize that this activity involves risk of injury and that because of the nature of this activity, an injury might occur. In the event of an injury to myself or to a family member, I give permission to the attending physician to render any treatment he deems necessary and agree to pay for such treatment. I agree to release Stepping Stone Farm, Inc., its affiliates, employees and instructors from any and all liability related to any injury I have sustained or may later sustain while engaging in this activity, and to hold Stepping Stone Farm Inc, its affiliates, employees, and instructors harmless from any claim, cost, or expense related to any injury I have sustained or may later sustain while engaging in this activity. I acknowledge that I have read this statement, fully understand it and sign voluntarily.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

*Please make checks payable to: **Starbuck Equestrian**. Checks are **Non-Refundable**. Payment is due in **full** with the reservation form.*