

SPLENDOR FARMS, LLC

PHYSICIAN'S PERMISSION FORM FOR PARTICIPATION AT CAMP

I have examined the general physical condition of:

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And find the said participant to be physically fit to participate in the horse & farm camp/horseback riding lessons and games activities as indicated by the date of examination and by my signature. (Physical examination should have taken place no more than 6 months prior to participant's attendance at camp.

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Physician's Signature

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Date of Examination

No participant shall be eligible to take part in the horse & farm camp/horseback riding lessons and game(s) activities unless a licensed physician of medicine of osteopathic medicine, a certified School nurse practitioner, or physician's assistant has examined the camper.