PHYSICIAN’S PERMISSION FORM FOR ALL PARTICIPANTS

I have examined the general physical condition of:

__________________________________________________________________

and find the said participant to be physically fit to participate in the
camp/horseback riding lesson or games competition activities as indicated
by the date of examination and by my signature.

__________________________________________________________________

Physician’s Signature and Date of Examination
(within 6 months of start of camp)

No participant shall be eligible to take part in the Splendor Farms Summer
camp/horseback riding activity, or games competitions, unless a licensed physician
of medicine or osteopathic medicine, a certified School nurse practitioner, or
physician’s assistant has examined her/him.