

**PHYSICIAN'S PERMISSION FORM FOR ALL PARTICIPANTS**

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 camp/horseback riding lesson or games competition activities as indicated by the date of examination and by my signature.

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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.