



**Registration for Mother/Daughter  
Retreat-Campout  
Saturday, August 16-  
Sunday, August 17**

**Where: Soaring Spirits, 695 Thaxton Road, Franklin, GA**

**Daughter's Name:** \_\_\_\_\_

**Daughter's Age:** \_\_\_\_\_ **List any allergies:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**List any allergies:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Cost is \$20 per mother/daughter, \$10 each additional daughter. This covers cost of food and supplies.**

**I am enclosing my check in the amount of \$20.**

**Payment can also be made via PayPal. You can visit our website ([www.soaringspiritsga.org](http://www.soaringspiritsga.org)) and click on the link or send payment to [info@soaringspiritsga.org](mailto:info@soaringspiritsga.org).**

**Please read and sign the Release of Liability and return it with your registration form.**

Soaring Spirits, Inc - 19990 Hwy. 100 - Franklin, GA 30217

770-854-9145 - cell: 678-326-9529 or 678-378-6188

[www.soaringspiritsga.org](http://www.soaringspiritsga.org) - [www.facebook.com/soaringspiritsga](http://www.facebook.com/soaringspiritsga) - [info@soaringspiritsga.org](mailto:info@soaringspiritsga.org)

**Directions: Thaxton Road is located about 10 miles north of Franklin and 3 miles south of Ephesus on Highway 100. After turning onto Thaxton Road, you will go one mile, and we will be on the left.**

**Forms can be  
faxed to 678-317-0931  
emailed to [info@soaringspiritsga.org](mailto:info@soaringspiritsga.org)  
or  
mailed to 19990 Hwy. 100, Franklin, GA 30217**

RELEASE OF LIABILITY

\_\_\_\_\_ hereby has permission/accepts responsibility to participate in an Equine (Horse) Activity that is conducted by Soaring Spirits, Inc., on the property of Dudley Bryan, located on Thaxton Road, Franklin, Georgia, by Becky Huffman and Jama St. John. I understand that:

**Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 or the Official Code of Georgia Annotated.**

I further understand that although reasonable safety measures will be taken to insure the safety, there are inherent risks in activities of this nature that cannot be avoided.

\_\_\_\_\_ **Please initial** (a parent or legal guardian must initial if the participant is under the age of 18).

\_\_\_ I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for any and all costs incurred by the participant or the participant's family members for injuries or property damage that I or my family may incur, and that I, the Participant, Parent or Legal Guardian, is responsible for medical insurance coverage for injuries that I or my family may incur.

\_\_\_ I acknowledge that I, the Participant, Parent or Legal Guardian, will be responsible for my negligent acts, the negligent acts of my family members and/or their legal wards and animals, and I, the Participant, Parent or Legal Guardian.

\_\_\_\_\_ I acknowledge that I, the Participant, Parent or Legal Guardian, should wear an equestrian helmet while participating in equine activities. I understand that the wearing of such headgear while participating in equine activities may reduce the severity of some of the participants' head injuries in the event of a fall or other related accident.

\_\_\_\_\_ I acknowledge that I, the Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, the Participant, Parent or Legal Guardian, et. Al. hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal. I also assume and accept full responsibility for any damages done by me at this show, activity and/or event.

**I, the undersigned Participant, Parent or Legal Guardian, being of legal age, have read, understand and initialed the above agreement and release.**

\_\_\_\_\_ Parent / Guardian

\_\_\_\_\_ Activity Participant \_\_\_\_\_ Date

Signed

Soaring Spirits, Inc., ( ) has ( ) does not have (please check one) permission to use my (or my child's) photograph (digital or otherwise) in its advertising, including website.

\_\_\_\_\_ Parent / Guardian

\_\_\_\_\_ Activity Participant

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