

SUMMER HORSE CAMP

CAMPER INFORMATION:

Campers Name:		
Campers Age:	Contact Number:	
Parents Name:		
Address:		
Email:	In Case of Emergency:	

CHECK WEEKS ATTENDING: Camp is from 9am-2pm

SESSION 1- JUNE 21-25 _____SESSION 2- JUNE 28 - July 2 _____

SESSION 3- JULY 19-23 ______SESSION 4-August 2 - 6 _____

*Space is limited please reserve early!

Riding experience:_

Allergies/Medical conditions_____

WHAT TO BRING: Campers will need-long pants or riding pants, riding boots or closed toe shoes, sunscreen, snack and plenty of water, swimsuit and towel on select days.

Release of Liability

The undersigned is legal representatives, heirs and assigns (hereinafter called undersigned) acknowledge there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to, the propensity of equines to behave in ways such as running, bucking, biting, kicking, shying, stumbling, rearing, rearing, falling or stepping on that may result in an injury, harm or death to persons on or around them the unpredictability of equine's reaction to such thing as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or there, such as failing to maintain control over the animal or not acting within such participant's ability.

In consideration therefore, for the privilege of riding and/or working around horses at Carriage Hill Farms/Arlington Farms/ Sunshine Meadows the undersigned does hereby agree to hold harmless and indemnify ALL it's agents, managers, employees, landlords, instructors, officers, member, successors and assigns and further release them from any liability or responsibility for any accident, damage, injury or illness to the undersigned, any horse in which the undersigned has an interest as owner or otherwise, any family member or spectator accompanying the undersigned while on the premises of the property and that in the event of the show proven gross and willful negligence, undersigned shall bring no claims, demands, actions, and causes of action and/or litigation against the show for any economic or non-economic losses due to bodily injury, death and/or property damage sustained by undersigned and/or undersigned's minor child (the parent/legal guardian acknowledges that by signing this agreement they are waiving claims on behalf of themselves and the minor child as well as their legal representatives, heir and assigns) in relation to the premises and riding, handling or otherwise being near horses.

WARNING: UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH, OR A PARTICIPANT IN EQUINE ACTIVITES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITES SENATE BILL 1658 SECTION 91.1A

Signature _____

Printed Name_____



CARRIAGE HILL CAMP CREDIT CARD FORM

We offer the convenience of charging your lessons/Camp to your

VISA, MasterCard and American Express.

*To use this service, fill out and return this page to us.

*This page must be on file and signed before any charges can be made.

CARD HOLDER NAME		
Please check oneVISA MASTERCARD AMEX		
Credit Card #		
Expiration date/ Security code Zip code		
*I authorize Carriage Hill farm to charge my credit card above for agreed upon packages/show bills or services provided. I understand that my information will be saved to file for future transactions on my account.		
Card holder Signature		
DateTelephoneEmail		
THANK YOU FOR YOUR BUSINESS!		