**Beginner Riders Day Camp**

**Enrollment Information**

**Hertford, NC 27944**

**Phone 252.312.9994**

**Monday through Friday**

**June 18-22**

**8:30am-12:30pm**

**(rain or shine)**

**Ages 7-14**

**Fee: $200.00 per student**

**No horseback riding experience necessary, students will learn basic equine**

**horsemanship skills, tacking and grooming.**

**If your camper wants to learn to ride, this is the camp to start with.**

**How to Enroll:**

This packet contains the following documents required for each camp participant. These are required to ensure a safe and fun experience for your camper.

Enrollment Agreement

Medical Information Form

Release of Liability Form

A separate Enrollment Agreement form must be used for each camper and session.

Must register your Camper and pay in full, on or before June 20. This Fee is Non Refundable after June 20, 2018 unless a written Doctor’s note with explanations of why your child cannot attend camp is provided. We do charge a Return Check Fee of $45.00 if your check is returned for any reason.

**Please make check to Carla Bundy and Mail to 611 New Hope Rd Hertford NC, 27944**

**Drop off and pick up times:**

All camp sessions begin at 8:30am. Campers should arrive 10 minutes prior to start of camp and should be picked up no later than 15 minutes after the end of camp session.

**What to bring:**

**Riding boots, Hiking boots** (something with a 1/2” heel)

**A certified horseback riding helmet** (We have helmets for loan - no charge)

**Riding Breeches/Jeans/leggings**

**Shorts** (to change into after riding)

**Any prescription medications**

**Hair tie/Hat**

**Sun screen**

**Clothing to ensure campers comfort**

**Refillable cup** with Camper’s name on it.

**Snacks** will be provided throughout the week. Please inform us at registration if there are any dietary restrictions for your camper.

MEDICAL FORM

611 New Hope Rd, Hertford NC 27944

**252.312.9994**

**Participant**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home#:** \_\_\_. \_\_\_. \_\_\_\_\_Cel**l#:** \_\_\_. \_\_\_. \_\_\_\_\_

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

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Emergency Contact Information:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_

**Phone: Home:** \_\_\_. \_\_\_. \_\_\_\_\_**Cell:** \_\_\_. \_\_\_. \_\_\_\_\_ **Work:** \_\_\_. \_\_\_. \_\_\_\_\_

**Emergency Contact II Information:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_

**Phone: Home:** \_\_\_. \_\_\_. \_\_\_\_\_**Cell:** \_\_\_. \_\_\_. \_\_\_\_\_**Work:** \_\_\_. \_\_\_. \_\_\_\_\_

**Known Allergies**/**Medical Concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Physician:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_. \_\_\_. \_\_\_\_\_

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

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_ **Zip:** \_\_\_\_\_

**Insured Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Name/Identification#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**List any medication or other medical concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization: I hereby authorize any medical treatment deemed necessary in the event of any injury while on New Hope Stable or Carla Bundy’s property. I have insurance or, if I do not have insurance, I agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I also give permission Carla Bundy, or their designee(s) to administer prescription medications as prescribed by a physician.**

**I have reviewed and fully agree with the terms of this Medical Form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_

**Participant Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian ( Signature )**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

**New Hope Stables/Carla Bundy**

Assumption of Risk and Responsibility

Release of Liability Form

611 New Hope Rd,

Hertford, NC 27944

252.312.9994

**Acknowledgement of Risks**:

In recognition of the inherent risks of the activity, which I and any minor children for which I am responsible, and will engage in, including the following: Parent/Guardian/Student hereby acknowledges that he/she has the full and complete notice and understanding of all risks inherent in equine activities which may cause, contribute to or result in death or personal injury of the participant or damage to the participant’s property (the “risks” including but not necessarily limited to the following: I realize that there is an inherent danger in the use of any horse with or without saddle. Equines are known to behave in dangerous ways or to trip or fall. There is an Inability to predict an Equine’s reaction to movement, objects, persons, other equines, excitement, weather conditions, all types of creatures and the effects of such reactions The hazards of surface or subsurface conditions including objects or conditions on, under or protruding from the surface whether apparent or not. The hazards presented by rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches and other debris and /or obstacles. Weather can create slippery conditions associated with fog, rain, sleet, ice or snow. The dangers and risk of tack, equipment, or harness slipping or breaking The dangers and risks of becoming entangled in tack, equipment or harness or any vehicle used in and animal activity. The risks of falling from or otherwise becoming unsteady on an equine vehicle used in any equine activity or for any reason whatsoever. The parent/guardian/student acknowledges that riding an equine is a high risk sport and that he/she is participating at his/her own risk.

**Assumption of Risk and Responsibility**:

Approaching, handling, mounting, riding and dismounting a saddle animal, I confirm that I am (we are) physically and mentally capable of participating in the activity and using the equipment. I/WE participate willingly and voluntarily and I assume full responsibility for personal injury, accidents, illness or death. I assume all responsibility for damage to or loss of personal property as a result of any accident that may occur. This risk may include but not limited to the following:

Sprains, torn muscles and or ligaments, fractured or broken bones, eye damage, cuts, wounds, scrapes,, abrasions, and or contusions, dehydration, oxygen shortage, exposure and or altitude sickness, head, neck or spinal injuries, animal bites or attacks, insect bites, allergic reactions, shock, paralysis or death. I/We also acknowledge that if during the activity I/We experience fatigue, chill, dizziness my/our reaction time may be diminished and the risk of an accident, increased.

That a wearing of a helmet is a basic precaution and that he/she should ask about other potential risks, dangers and hazard and recommended precautions and procedure.

**Good Faith**: I/We accept the fact that New Hope Stables will operate under a covenant of good faith and fail dealings, but that New Hope Stables may find it necessary to terminate an activity due to forces of nature, medical necessities or other [problems. I/We accept the right of New Hope Stables to take such actions for the safety of myself and other participants.

**Authorization**: I hereby authorize any medical treatment deeded necessary in the event of any injury which participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and or medical services as maybe incurred on my/our behalf.

**Release**: Parent/Guardian/Student, heirs, personal representatives or assigns do hereby release New Hope Stables, its principals, directors, officers, agents, employees and volunteers and each and every land owner, municipal and or government agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever.

**Warning**: equine activity sponsors and equine professionals are not liable for injury to or death of a participant arising out of riding, training, driving, grooming or riding as a passenger upon an equine: including rides, trips and hunt however informal or impromptu and whether or not a fee is paid to participate in the activity.

**I have read the foregoing acknowledgement of risk and assumption of risk, responsibility and release of liability and I/We understand that by signing this document I am waiving any and all legal rights.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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**Parent Print, Date Parent Signature, Date**