

Impact Performance Horses

6648 Hamilton Rd
Liberty Township, OH 45044
(513) 202-4804
www.impactperformancehorses.com
email: impactperformancehorses.oh@gmail.com

Horse Camp 2026 Application

Riders will need an ASTM certified riding helmet, paddock boots and riding pants or pants without metal, jewels or buttons that will damage a saddle. You can find these at two local tack shops...

Dover Saddlery at 8740 Montgomery Rd, Kenwood, OH 45236 www.doversaddlery.com and
Equus Now at 420 Wards Corner Rd Suite D, Loveland OH 45140, (513)-630-1197,
www.equusnow.com

RIDER'S NAME _____ AGE _____ WEIGHT _____

IF RIDER IS A MINOR PLEASE PROVIDE
PARENT/GUARDIAN NAME _____

PHONE- DAYTIME _____ CELL PHONE _____

E MAIL _____

FULL MAILING ADDRESS _____

RIDING EXPERIENCE (CIRCLE ONE): *NONE/HORSE CAMP* *A FEW LESSONS* *YEARS OF EXPERIENCE*

IF YOU HAVE HAD LESSONS CIRCLE WHAT YOU **CAN** DO:

WALK ON OWN *TROT* *CANTER* *JUMP* *KNOW DIAGONALS*

WHICH CAMP(S) ARE YOU SIGNING UP FOR?

JUNE 15th - 19th ***JULY 6th - 10th*** ***JULY 27th - 31st***

HOW DID YOU HEAR OF IMPACT PERFORMANCE HORSES?

PHYSICIAN'S NAME AND PHONE NUMBER

INSURANCE POLICY AND POLICY NUMBER

Impact Performance Horses

PARENT/GUARDIAN SIGNATURE

PRINTED NAME

DATE

IMPACT PERFORMANCE HORSES RELEASE, WAIVER AND INDEMNITY AGREEMENT

I hereby acknowledge and understand that horseback riding and the handling of horses and ponies are dangerous activities which can result in injury or death. I, the undersigned, from this date on, hereby release, indemnify, and hold harmless Impact Performance Horses and their employees, agents, managers, members, and contractors, from any and all claims, actions, suits, and/or damages that may occur as a result of any injuries sustained while taking horseback riding instruction, handling, or being near the horses or ponies on the property of Impact Performance Horses. This shall include all losses, damages, costs, and counsel fees that may occur as a result of injury, and related claims by any parties. I understand that risks are involved in riding, handling, or being near horses and ponies, and by signing this agreement take full responsibility in the event of any injury. I have read this release, waiver and indemnity agreement, understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

Print Rider's Name

Rider's Signature

Print Parent/Guardian Name

Parent/Guardian Signature

Witness

Date