



## Riptide Rascal Spring Break Camp Registration Packet

Riptide Stables is happy to open our gates to summer fun with our weekly day camp. Our camp is open to kids aged 4-15 with kids divided into two groups: Our Fun Foals group is aged 4-9 and our Playful Pony group is aged 10-15. Any age is welcome any day! We do break into smaller groups for some activities, and everyone joins together for others. There are no more than 6 kids with one of our great counselors at any time.

Important info and reminders:

- Camp must be paid in full to be confirmed a spot. A link to pay by credit card can be sent (w/ a 3% cc fee added) or venmo information can be provided to make payment.
- This packet must be filled out and returned by email **PRIOR** reserving your dates. There are no exceptions to this. If you are unable to send packet back by email at [RipstideStables@gmail.com](mailto:RipstideStables@gmail.com), please contact us to assist with electronic delivery and signature. Our contact information is [RipstideStables@gmail.com](mailto:RipstideStables@gmail.com) or by calling or texting 910-262-5716.
- Payment is nonrefundable in most cases, but we will make every effort to switch weeks/days if there is a last-minute conflict. If we are able to re-fill your child's spot, a partial refund is possible.
- Please read all the information below, which will describe the camp experience and our policies and waiver. Please note the dates, times, and age requirements for each camp date.
- Please be sure to include all the requested information on the attached registration form, and please read carefully and sign the liability waiver and release form.
- Each day is filled with learning about and participating in life on a farm, interacting with the 7 miniature donkeys, 3 horses and 2 ponies, learning all about the animals and how to care for them, grooming, feeding, bathing the animals and of course having fun at the same time. Your kids will be creating new friendships, with furry critters and other kids, crafts, pony rides and enjoying the outdoors. We typically start each day with feeding the animals and deciding who needs attention, grooming or maybe to be decorated with our fun colorful paints or decorations. Everyone gets groomed.

Depending on the weather we may saddle up Nemo or Misty to teach our group how to "tack up" and then go for hand-led rides, go on a nature walk on our farm's nature trail or decide on a craft to do inside or outside. We will settle for lunch (kids bring their own packed lunches). We do have a refrigerator available for all the lunches. Be sure to mark clearly your child's name on their lunch so we do not have any mix ups. Water and juice boxes are available. After lunch (or before depending on the morning fun) a few barn chores and more time with the animals.

### What to bring:

1. **Pack lunch, and a snack every day. We have a refrigerator for your use. Be sure to label their bags.**
2. **Bike helmet or horse-riding helmet (we have some available for use, but if you have one, please bring)**
3. **Closed toe shoes are a must. Your child will not be able to interact closely with the animals without**  
*.Be prepared to pick up tired, dirty farmhands with great stories and memories!*

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

4220 Buck Drive, Castle Hayne, NC 28429

[RipstideStables@gmail.com](mailto:RipstideStables@gmail.com)

[www.RiptideStables.com](http://www.RiptideStables.com)

Date: \_\_\_\_\_

910-262-5716



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**PARTICIPANT INFORMATION** (Eligible Campers are 4-15 years olds)

Camper Name \_\_\_\_\_ Camper Age (at Camp Date) \_\_\_\_\_

Address \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

List anyone allowed to pick up your camper other than the person filling out this form.

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

**MEDICAL INFORMATION:**

Any Allergies? NO \_\_\_ YES \_\_\_ please describe the severity of the reaction, requested accommodations, management, etc.) \_\_\_\_\_

Does your child have any medical, physical, or emotional conditions (including disabilities)? NO \_\_\_ YES \_\_\_ please explain \_\_\_\_\_

Does your child take any medication? NO \_\_\_ YES \_\_\_ (if yes, please explain any side effects or issues to observe. \_\_\_\_\_

Anything additional you feel we should know to ensure your child has a great experience?  
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\_\_\_\_\_  
\_\_\_\_\_

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Date: \_\_\_\_\_



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I am requesting the following dates, times and days each week listed below:

**SESSION(S) TYPE(S) REQUESTED:**

**Camp Hours: 9:00 am - 2:00**

**Day Camp 9am – 2:00pm all ages welcome**

- \_\_\_\_\_ 1-day camp \$75
- \_\_\_\_\_ 3-day camp \$200
- \_\_\_\_\_ 5-day \$325

**SESSION(S) DATES REQUESTED:**

- |  |  |
|--|--|
| _____ Monday, March 4 <sup>th</sup>    | _____ Monday, April 1st                |
| _____ Tuesday March 5 <sup>th</sup>    | _____ Tuesday April 2 <sup>nd</sup>    |
| _____ Wednesday, March 6 <sup>th</sup> | _____ Wednesday, April 3 <sup>rd</sup> |
| _____ Thursday, March 7 <sup>th</sup>  | _____ Thursday, April 4 <sup>th</sup>  |
| _____ Friday, March 8 <sup>th</sup>    | _____ Friday, April 5 <sup>th</sup>    |

**EARLY DROP OFF/LATE PICK-UP DATES REQUESTED (for day camp only):**

**\*\*\*\*NOTE\*\*\*\* MUST BE REQUESTED AT TIME OF RESERVATION**

\_\_\_\_\_ Drop off at 8:30am for an additional **\$10 per day** Number of days requested: \_\_\_\_\_

\_\_\_\_\_ Late Pick Up no later than 4:00pm for additional **\$20 per day** Number of days requested: \_\_\_\_\_

After the registration packet is returned you will be sent a link to pay online with a credit card. A 3% fee will be charged with credit card transactions. Venmo is also an option. Please call for info.

Day & Night on same day and /or siblings may be eligible for discounts. Please do not hesitate to ask. We are looking forward to having your kids enjoy our animals and farm.

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### Camp Release and Waiver of Liability, Assumption of Risk, Parental Consent, and Indemnity Agreement

In consideration of myself and/or my minor child being permitted to participate in camp, pony and/or horseback riding, care and maintenance and other equestrian programs and activities (hereinafter, ACTIVITIES) sponsored and/or conducted by Riptide Stables, Riptide Rascals Summer Camp, and its owners, officers, managers, employees, independent contractors, guests, tenants, and agents (hereinafter, the RELEASED PARTIES), I agree as follows:

1. I understand that participation in the ACTIVITY is voluntary and optional, and that we are free to leave and/or not participate in the ACTIVITIES. I know the nature of the ACTIVITIES and our experience and capabilities and believe us to be qualified to participate in the ACTIVITIES. I acknowledge we reserve the right to remove participants from the ACTIVITIES if they present a threat to any child, employee, volunteer, or animal.
2. I FULLY UNDERSTAND that: (a) THE ACTIVITIES MAY BE DANGEROUS and participation in the ACTIVITIES may involve RISKS AND DANGERS OF SMALL TO SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH; (b) these risks may be caused by our own actions or inactions, the actions or inactions of others participating in the ACTIVITIES, the condition and layout of the premises and equipment, or THE NEGLIGENCE OF THE RELEASED PARTIES in performing their duties; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time.
3. I consent to the participation in the ACTIVITIES and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING ANY INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASED PARTIES IN PERFORMING THEIR DUTIES. The failure of any of the RELEASED PARTIES to foresee or protect me from these risks, or from the actions, inactions, recklessness, or intentional or criminal misconduct of others, from the inadequacy or unavailability of medical facilities or treatment, or from inadequate supervision of the ACTIVITIES, if any, will not create any liability on the part of any of the RELEASED PARTIES.
4. During the time we are participating in the ACTIVITIES, if any emergency arises involving the physical wellbeing of Minor, I hereby give RELEASED PARTIES full permission and authority to take such steps as are reasonably necessary to assist Minor, including without limitation the authority to secure and consent to such medical treatment as may, in their sole discretion, be advisable. I authorize any and all third parties to rely on this agreement as evidence of the authority of its bearer to procure and consent to medical treatment for Minor.
5. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the RELEASED PARTIES and owners and lessors of the premises used to conduct the ACTIVITIES FROM ALL LIABILITY TO ME, THE MINOR, my and the Minor's personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASED PARTIES in performing their duties or with the decision by any of the RELEASED PARTIES to exercise the power to consent to medical or dental treatment for me, as such power is hereby granted and authorized.
6. If, despite, this release, I, the Minor, or anyone on the Minor's behalf makes a claim against any of the RELEASED PARTIES named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASED PARTIES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST

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ANY OF THE RELEASED PARTIES, WHETHER OR NOT SUCH CLAIM ASSERTS NEGLIGENCE ON THE PART OF THE RELEASED PARTIES in performing their duties.

7. I sign this agreement on my own behalf and on behalf of the Minor.

8. I hereby grant permission to Riptide Stables/Riptide Rascals Summer Camp and/or assigns to take his/her/my/our photo while participating in the ACTIVITIES to use for publicity.

9. I understand that this Release is given pursuant to the Uniform Contribution Among Tort Feasors Act, North Carolina General Statutes Section 1B-1 et seq. It is my intention to release any and all claims against the RELEASED PARTIES and to relieve and discharge the RELEASED PARTIES from any/and all liability for contribution to any other tort-feasor on account of any claim. I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this agreement.

10. I agree that if any clause or provision of this agreement is determined or held to be invalid, the invalidity of such clause or provision shall not affect the remaining provisions of this Release and that the remaining terms and conditions of this agreement shall continue in full legal force and effect. I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, PARENTAL CONSENT, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OR INJURY, EVEN IF OCCASIONED BY THE RELEASED PARTIES' FAULT, AND SIGN IT FREELY, VOLUNTARILY AND WITHOUT INDUCEMENT OR DURESS.

\*\*\* WARNING \*\*\*

Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury or death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

Signature of Adult/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Minor Participant Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_