

BRIGHTON REC STABLES

SUMMER CAMP REGISTRATION 2026

Camper Name: _____ **Age:** _____

Parent/Contact Name: _____ **Gender:** circle M/ F

Address: _____ **City:** _____

Phone: _____ **Email:** _____

Food/Insect Allergies: _____

Medications: _____

Has Child attended our camp before? _____

Trailblazers Camp ☐ **Little Buckaroos Camp** ☐ **Frontier Crew** ☐
Age 8 – 13 Age 6 – 8 Age 13 – 15

June 8 – 12	<input type="checkbox"/>	Trailblazer, Little Buckaroos & Frontier Crew
June 15 – 19	<input type="checkbox"/>	Trailblazer, Little Buckaroos
June 22 – 26	<input type="checkbox"/>	Trailblazer, Little Buckaroos
July 6 – 10	<input type="checkbox"/>	Trailblazer, Little Buckaroos & Frontier Crew
July 20 – 24	<input type="checkbox"/>	Trailblazer, Little Buckaroos
August 10 – 14	<input type="checkbox"/>	Trailblazers Only

Trailblazers Horse Camp Cost: \$450 per week. Monday – Friday 9am-2pm

Little Buckaroos Camp Cost: \$400 per week. Monday – Friday 9am-2pm

Frontier Crew Camp Cost: \$500 per week. Monday – Friday 9am-2pm

Phone: (810) 534-5063

Email: BrightonRecStables@yahoo.com

Website: www.BrightonRecRidingStable.com

Mail Registration Form and Release Forms to:

Brighton Rec Stables LLC
6660 Chilson Road
Howell, MI 48843

Camp Forms due within 1 Week of Purchase

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

NAME OF MINOR: _____
(Last) (First) (Middle)

NAME OF PARENT/GUARDIAN: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: (____) _____ E-mail: _____

I hereby grant permission to Brighton Rec Stables, LLC to use, including to display publicly or to perform, the above-named minor's image, likeness, or voice recording on the Brighton Rec Stables web site or in any other official Brighton Rec Stables publications without further notice or compensation. I hereby consent that any such image, likeness, or voice contained in photographs, recordings, and tapes are the property of Brighton Rec Stables, which shall have the right to print, reprint, publish, copy, vend, perform or represent publicly, or create derivative works based on and using the image, likeness, or voice depicted in such photograph, film, or sound recording as it may desire free and clear of any claim whatsoever on my part or the part of the above-named minor.

I also understand that once the above-named minor's image, likeness, or voice recording is published on a web site, it can be downloaded by any computer user. Personal information, such as a minor's full name, parent/guardian's names, addresses and telephone number will never be published. If a minor's name is used with a photograph, film, or sound recording, it will be in the form of a first name and last initial. For example, student Jane Doe may be listed as "Jane D."

Therefore, I agree to indemnify, defend and hold harmless Brighton Rec Stables, its officers, employees, agents, successors and assignees (the "Indemnified Parties") from and against any and all claims and liabilities resulting from this publishing.

Permission is granted for the use requested above.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

Permission is denied for the use requested above.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

Horse Camp Information

Location and Overview

Horse Camp will continue at the Brighton Riding Stable for 2026. The stable will host both trail rides and camp throughout the summer. Campers will see their favorite horses and counselors from previous years, with the possibility of meeting new horses and ponies as well. Families are welcome to arrange trail rides at the Brighton Riding Stable during the summer if they wish.

Camp Hours and Extended Care

Camp runs from 9:00 AM to 2:00 PM. Before and after-care are available starting at 8:00 AM and ending at 4:00 PM, at a rate of \$10 per hour. Advance notification is required to arrange for extended care. Please contact Amy to make these arrangements.

Helmets

The stable provides helmets for campers, with each camper assigned their own helmet for the week. Campers may bring their own helmets if preferred, but helmets must be equestrian helmets, properly fitting, and clearly labeled with the camper's name. Bicycle helmets are not permitted.

Lunch

Campers should bring their own lunch each day, ideally packed in a cooler. Extra drinks and water are recommended, especially on hot days. A pop machine is available at the camp, but younger children need a parent's permission note to purchase drinks due to caffeine and sugar content. Drinking fountains are also available.

Dress Code

Campers are required to wear long jeans or pants and riding boots for riding activities. If riding boots are unavailable, sturdy closed-toe shoes such as gym shoes are acceptable. Sandals, flip flops, crocs, or open-toed shoes are not allowed when riding or around horses. Campers may bring comfortable shoes to change into after riding. A sweatshirt with a hood or a jacket should be packed every day to prepare for chilly or rainy weather. On very hot days, campers may participate in water games, so bringing a swimsuit and towel is recommended.

Additional Items to Bring

- Friday features a horse costume and decorating contest; campers should bring materials to dress up their horse. Parents are invited to come early on Friday to watch.
- Sunscreen and bug spray as needed.

Electronics Policy

Campers may bring cell phones, cameras, and other electronics at their own risk. The Brighton Rec Stable is not responsible for lost or damaged devices. These items can be stored in campers' bags but should not be used during camp activities. If a camper's phone use becomes disruptive, staff will hold the phone until the end of camp.

Riding Activities

Western riding is taught at camp, with daily arena lessons and trail rides. Campers will also have opportunities to experience English riding and try bareback riding while being led. Trailblazers will ride for about an hour each day, while Buckeroos will ride for approximately 30 minutes and will be hand-walked on the trail if under 8 years old. Frontier teen campers may learn both English and Western riding.

Each week, two or three campers share a grooming horse, which they will groom, saddle, feed, and care for. This may not be the same horse they ride. Some campers will ride the same horse daily, while others may ride different horses. Instructors will match horses to riders based on ability. Please note, there is a weight limit of 220 pounds for campers.

Additional Horse Activities

Throughout the week, campers will learn about horse safety, grooming, saddling, bathing, clipping, and the basics of equestrian tack. The riding schedule varies each day, so riding times cannot be predicted. Parents and grandparents are welcome to visit the camp briefly to take photos of their campers with their horses.

Behavior Policy

We have a 1 warning policy. If a camper violates our behavior rules, they will receive a warning and a parent will be notified of the warning.

If the child is a repeat offender a second time, then they will be expelled from camp.

If we are too lenient and if we allow offenses to continue then it detracts from the camp experience and enjoyment of the other children attending camp.

If your child is expelled for causing problems and breaking the rules, we at Brighton Rec Stables do not feel compelled or obligated to give a refund.

Behavior Problems Not Tolerated at Camp

- Bullying or Intimidation
- Hitting or Punching
- Kicking
- Spitting on or at someone
- Swearing
- Inappropriate touching
- Stealing
- Disrespect to an adult
- Any rider on a horse that is acting dangerously and is refusing to listen to the instructor

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

Medical Treatment Authorization and Emergency Contact Numbers

Camper's Name & Age _____

Mother's Name _____ Father's Name _____

Information Needed About Participant

Please check yes or no. If yes, explain below or on another sheet if you need more room.

___ Yes ___ No Does the participant have any chronic health problem or illness?

___ Yes ___ No Does your camper have any physical or medical conditions that may affect his or her safety and ability to ride a horse and/or participate in the camp program? If you checked yes please let us know if you would be comfortable discussing this with us to see if specific accommodations can be met. Please keep in mind, we are not a therapeutic riding facility, we do not have certified therapeutic riding instructors, nor do our staff/employees have training in handling special needs children. We will try to make reasonable accommodations for riders with special needs, but we reserve the right to not allow anyone to ride if it is a safety issue for themselves or others.

___ Yes ___ No Does the participant have any allergies to medication or local anesthetics?

___ Yes ___ No Does he or she have any allergies? _____

Please note: we will not be responsible for providing your child with needed medication. If your child needs medication given at a specific time during camp, you will need to come to give that medication yourself.

Official Authorization Follows

I, _____

(Parent or legal guardian)

Do hereby authorize Brighton Rec Stables, LLC to seek any medical or surgical treatment or both necessary for the care of my child. The above designated is hereby authorized to incur medical costs necessary to provide treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Parent/Guardian signature _____ Date _____

Address _____

Daytime phone _____ Evening phone _____

Emergency Contact during camp session, to whom child may be released, if necessary:

Name _____ Home # _____ Work # _____

Relationship _____ Cell phone # _____

Name _____ Home # _____ Work # _____

Relationship _____ Cell phone # _____

Name _____ Home # _____ Work # _____

Relationship _____ Cell phone # _____

HORSE RENTAL, EQUESTRIAN, GUIDE & OUTFITTER SERVICES AGREEMENT, LIABILITY RELEASE, AND ASSUMPTION OF RISK AGREEMENT [FOR INDIVIDUALS]

BRIGHTON REC STABLES LLC (herein after known as "THIS STABLE").
BRIGHTON RECREATION AREA RIDING STABLE, 6660 CHILSON ROAD, HOWELL, MICHIGAN 48843

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING

- A. **REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE** I, the following listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in horse rental services and/or equestrian services and/or guide and outfitter services provided by THIS STABLE.

1. PARTICIPANT NAME (Please Print Name)	2. AGE	3. WEIGHT (for horse size)	4. HORSE RIDING EXPERIENCE
 	 	Under 100lbs _____ 100-150lbs _____ 150-200lbs _____ over 200lbs _____ (must weigh in)	BEGINNER _____ (under 10 hours) INTERMEDIATE _____ (over 10 hours) EXPERIENCED _____ (20+ hours)
5. Does participant have any condition(s) that may affect his/her safety and ability to ride a horse? YES NO (circle one)			
6. If you circled "YES", how can we help this participant with his/her needs?			

*****MICHIGAN WARNING: UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.*****

PARTICIPANTS AND PARENTS/GUARDIANS MUST INITIAL SECTIONS B THROUGH J AFTER READING EACH SECTION.

- B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the registered participant, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. This agreement is intended to be valid and binding at all times now and in the future when THIS STABLE permits me (directly or indirectly) to enter THIS STABLE'S property, be on THIS STABLE'S property, be near any horse, receive instruction or guidance from its associates and/or when I ride and/or am near horses on or off of THIS STABLE'S property. Any disputes by the participant shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME", "MY" shall herein refer to the above registered participant and the parents or legal guardians thereof if a minor.

Parent/Rider

- C. **INHERENT RISKS / ASSUMPTION OF RISKS** I ACKNOWLEDGE THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that risks, conditions, and dangers are inherent in (meaning an integral part of) horse / equine / animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and / or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and / or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3-1/2 to 5-1/2 feet, and the impact may result in harm to the rider. Horseback riding is an activity in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Spinning around; Changing directions and / or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and / or Running from danger. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible risks for me.

Parent/Rider

- D. **WILDERNESS EXPERIENCE PARTICIPATION, CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES** I / WE ACKNOWLEDGE THAT: The participant may be taking part in a "WILDERNESS EXPERIENCE" that may be hazardous to people. I / WE ACKNOWLEDGE THAT the meaning of "WILDERNESS EXPERIENCE" is defined as the pursuit of activity in a natural and / or wild and / or rugged and / or uncultivated area or region, as of forest and / or hills and / or mountains and / or plains and / or wetlands, which would likely be uninhabited by people and inhabited by wild animals of many types and species to include, but not limited to, mammals, reptiles, and insects, which are not tame, may be savage and unpredictable in nature and also wandering at their will. I / WE ACKNOWLEDGE THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature and / or sudden and / or unfamiliar sights, sounds and / or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way.

Parent/Rider

SOME EXAMPLES ARE: Thunder, lightening, rain, wind and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible conditions for me. **The participant and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for this participant's intended purpose, usage and presence upon THIS STABLE'S premises.**

Parent/Rider

- E. **CARRY-ON OBJECTS WARNING AND SHARP, LOUD NOISES WARNING I / WE ACKNOWLEDGE THAT:** When approaching, mounting and riding horses, I must not carry loose items that may fall off or blow away or flap in the wind or bounce or make sharp or loud noises, the action of which may scare horses causing them to react in unsafe ways. SOME EXAMPLES ARE: Cameras, cell phones, hats not securely fastened under chin, toys, purses. When near or riding a horse, participants must not make sharp or loud noises, such as whistling or screaming or yelling, the sound of which may scare horses causing them to react in unsafe ways.

Parent/Rider

- F. **SADDLE GIRTH LOOSENING WARNING I / WE ACKNOWLEDGE THAT:** Saddle girths (fastener straps around the horse's belly) may loosen during riding. Riders must alert the nearest attendant of any girth looseness so action can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.

Parent/Rider

- G. **PROTECTIVE HEADGEAR / HELMET WARNING AND OFFERING: I / WE AGREE THAT:** I for myself and on behalf of my child and / or legal ward have been fully warned and advised by THIS STABLE that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding, handling, and / or being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as a result of a fall and other occurrences. **I / WE ACKNOWLEDGE THAT:** THIS STABLE has offered me, and my child and / or legal ward if applicable, protective headgear / helmet that meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet. **I / WE ACKNOWLEDGE THAT:** Once provided, if I choose to wear the protective headgear / helmet offered that I / WE will be responsible for properly securing the headgear / helmet on the participant's head at all times. **I am not relying on THIS STABLE and / or its associates to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.**

Parent/Rider

- H. **THIS STABLE'S PROTECTIVE HEADGEAR / HELMET POLICY** I understand and agree that THIS STABLE requires participants age 17 and under to wear ASTM Standard F 1163 Protective Headgear / Helmet.

PROTECTIVE HEADGEAR / HELMET ACCEPTANCE: I / WE request for this participant to wear protective headgear / helmet which THIS STABLE provides and will be solely responsible for securing the headgear / helmet on the participant's head.

PROTECTIVE HEADGEAR / HELMET REFUSAL: I / WE refuse for this participant to wear any type of protective headgear / helmet and / or will provide MY / OUR own. I / WE assume full responsibility for MY / OUR safety in this decision.

Parent/Rider

- I. **LIABILITY RELEASE I AGREE THAT:** In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and / or ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and / or death and / or property damage, sustained by me and / or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise being near horses owned by me, another person or owned by THIS STABLE, or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE, but not limited to being on THIS STABLE'S premises.

Parent/Rider

- J. **EQUINE ACTIVITY LIABILITY ACT [EALA] WARNING OR LANGUAGE:** [This clause applies only for operations located in these states: AL, AZ, CO, DE, FL, GA, IL, IA, IN, KY, KS, LA, ME, MA, MI, MS, MO, NE, NC, OH, OK, OR, RI, SC, SD, TX, TN, UT, VA, VT, WV, AND WI.] I acknowledge that I have reviewed this state's EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE, a copy of which is attached hereto and incorporated as if fully set forth herein. **INSTRUCTION TO SIGNERS: DO NOT SIGN UNLESS A COPY OF THE EALA WARNING OR LANGUAGE IS ATTACHED TO THIS AGREEMENT OR POSTED AT STABLES.**

Each Participant and Parents or Legal Guardians must sign below after reading and completing this entire document.

SIGNER STATEMENT OF AWARENESS

I / WE, THE UNDERSIGNED, REPRESENT THAT I / WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT. I / WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I / WE AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I / WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

SIGNATURE OF PARTICIPANT (Spouses must sign for themselves.)

DATE

SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE #1

DATE

SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE #2

DATE

Address in Full _____ Phone: _____

City, State, Zip _____ Alt Phone: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

RELATIONSHIP TO PARTICIPANT

() _____
PHONE NUMBER