

OLNEY FARM SUMMER CAMPS 2026

Name _____ age _____

Parent name _____

Address _____

City _____, Zip _____ email: _____

PLEASE PRINT!

Tel: _____ Emergency Tel: _____

Are you in the Olney Farm Riding program now? _____

Instructor: _____

Other Riding experience: _____

Required:

- ☐ ASTM approved riding helmet, shoes or boot with a heel.
- ☐ Signed release of liability.
- ☐ \$200 deposit with application for each camp

CAMP DATES: *Check camp(s) you wish to attend. Limited!*

____ Farm Camp 1 - June 15-19 9-3 daily with option half day at \$65

____ Farm Camp 2 - June 22-26

____ Horsemanship - July 13-17 ages 7-16

____ Eventing Camp - Aug 10-14 must be able to WTC & jump small course

Camp hours 9-3 daily

FEES: \$475 per week, Register after May 1 - \$500

Registration begins Feb. 1 for current students only and opens to all on February 15.

Current students have priority if over subscribed.

ONE TIME Discount for sibling OR multiple camps -\$25 \$ _____

Deposit - \$150 - check number # _____ \$ _____

Balance \$ _____

***BEFORE AND AFTER CARE AVAILABLE IF NEEDED - \$25 PER DAY**

PLEASE CONTACT KATE AT 443-910-2759

PAYMENT DUE AT THE TIME OF CARE

Tshirt size (please circle)

Youth - S, M(8-10),
L, XL

Adult - S, M, L, XL

RELEASE OF LIABILITY

ALL STUDENTS: (Riders taking lessons or clinics at Olney Farm) ADULT OR JUNIOR ARE REQUIRED TO WEAR A USEF/USPC ASTM SEI APPROVED SAFETY HELMET WHEN MOUNTED. ALL JUNORS AND GUEST RIDERS ARE REQUIRED TO WEAR THE APPROVED HELMET WHENEVER MOUNTED. IT IS THE FARM POLICY THAT NO ONE, ADULT OR JUNIOR, JUMP A FENCE WITHOUT AN APPROVED HELMET.

Release of liability:

I REALIZE THAT RIDING IS A HIGH RISK SPORT AND BY PARTICIPATING I EXPRESSLY ASSUME ANY AND ALL RISKS OF INJURY OR LOSS TO MYSELF OR THE HORSE THAT I AM RIDING. I REALIZE THAT HORSES CAN BE DANGEROUS AND UNPREDICTABLE AND AM WILLING TO ACCEPT THAT RISK. I AGREE TO HOLD HARMLESS OLNEY FARM, ITS OWNERS AND EMPLOYEES, THE INSTRUCTORS, PROPERTY OWNERS, AND/ OR MANAGERS OF ANY INSTRUCTION OR COMPETITION I MAY TAKE PART IN ON THIS FARM, FOR ANY INJURY OR LOSS SUFFERED; WHETHER OR NOT SUCH INJURY OR LOSS RESULTED, DIRECTLY OR INDIRECTLY, FROM THE NEGLIGENT ACTS OR OMISSIONS OF THE SAID OWNERS, INSTRUCTORS, EMPLOYEES OR MANAGERS.

Signed _____

(Parent or guardian if rider is under 18)

Date _____

Print rider name _____

Tel. No _____

Instructor _____