

Summer Fun With Phoenix Equine Services

301-512-8708

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SUMMER DAY CAMP REGISTRATION FORM



SESSION ONE
JUNE 19 - JUNE 30
\$950

SESSION TWO
JULY 10 - JULY 14
\$475

SESSION THREE
JULY 24 - AUGUST 4
\$950

Rider Information

Rider's Name: _____ Birth date of Rider: _____ If
Minor, Parent or Guardian's Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work: _____ Cell: _____
Email: _____

DAYS (please Circle): Session ONE (June 19-30) Session TWO (July 10 - 14) Session THREE (July 24 - August 4)

RIDING EXPERIENCE (please circle): NONE WALK TROT/JOG CANTER/LOPE JUMP

RELEASE INFO: Check appropriate space and provide names, if applicable.

_____ NO ONE except the parent/guardian should be allowed to pick up the child from this program.

_____ The following persons are authorized to pick up the child from the program and/or be reached during an emergency.

List names and relationship.

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

EMERGENCY CONTACT INFORMATION: (Two People are Mandatory)

1) Name: _____ Phone Number: _____

2) Name: _____ Phone Number: _____

Assumption of Risk And Liability Waiver

1. I UNDERSTAND THAT THE ACTIVITY OF HORSEBACK RIDING INVOLVES NUMEROUS RISKS OF INJURY THAT ARE MY OWN RESPONSIBILITY, AND I ASSUME THESE RISKS, including loss of control, collisions, obstacles, whether they are obvious or not obvious. I and/or my family further understand that a horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times, based upon instinct or fright, which is an inherent risk to be assumed by each participant in the riding activity. (Please initial to show you understand and agree_____.)

2. I UNDERSTAND THAT I MAY ENCOUNTER VARIATIONS IN TERRAIN THAT ARE MY RESPONSIBILITY AND I ASSUME THESE RISKS, including creeks, water, bridges, traveled roads, wild animals, bees, wasps, loose dogs, debris, rocks, cliffs, vegetative growth, and other obstacles, whether they are obvious, manmade or natural. (Please initial to show that you understand and agree_____.)

3. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE AND THAT THE RISK OF INJURY IS INHERENT IN THIS ACTIVITY. I AGREE TO ASSUME THE RISK OF INJURY OR DEATH CAUSED BY HORSEBACK RIDING REGARDLESS OF MY LEVEL OF RIDING SKILLS. (Please initial to show that you understand and agree_____.)

4. I AGREE THAT in consideration of Phoenix Equine Services (“Phoenix”) and Jessica N. Werner (“Werner”) allowing my participation in this activity and providing lessons, training or other services in connection therewith, under the terms set forth herein, I the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, defend, indemnify, hold harmless and discharge Phoenix and Werner, its owners, agents, employees, officers, directors, representatives, successors, assigns, members, the owner of the premises where the activity takes place, owners of premises and trails, affiliated organizations, insurers, and others acting on their behalf (hereinafter “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 any and all alleged negligence on the part of Phoenix and Werner and/or its Associates, and I do further agree that I shall not bring any claims, demands, legal actions and causes of action against Phoenix and Werner and its Associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of Phoenix and Werner, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Phoenix and Werner, whether on or off the premises of Phoenix and Werner or Associates (Please initial to show that you understand and agree_____.)

5. I understand that Phoenix and Werner do not own 2151 Brintons Bridge Rd, also known as Kasowski Horse Farm. I further understand that Phoenix and/or Werner are tenants of Kasowski Horse Farm as owned by Robert and Elaine Kasowski. I hereby further agree on behalf of myself and on behalf of any of my children and/or legal wards, heirs, administrators, personal representatives or assigns to release, defend, indemnify, hold harmless and discharge the Kasowskis specifically as the owners of 2151 Brintons Bridge Rd from all claims, demands, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or by any minor child and/or legal ward in relation to 2151 Brintons Bridge Rd, to include while riding, handling or otherwise being near horses owned by or in the care or custody of Phoenix and Werner, whether on or off 2151 Brintons Bridge Rd. (Please initial to show that you understand and agree_____.)

6. IF RIDER OR PARTICIPANT IS A MINOR, THIS AGREEMENT MUST BE SIGNED BY A PARENT OR GUARDIAN. IF A SIGNATURE APPEARS BELOW ON THE SIGNATURE LINE FOR PARENT/GUARDIAN SIGNATURE, THE SIGNOR CERTIFIES THAT HE/SHE IS THE LEGAL PARENT OR GUARDIAN OF THE RIDER AND FURTHER AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS PHOENIX AND WERNER AND ASSOCIATES WITH REGARD TO ANY AND ALL CLAIMS BY THE MINOR RIDER FOR INJURY, PROPERTY DAMAGE AND DEATH THAT MAY ARISE OUT OF PARTICIPATION IN THIS ACTIVITY AND ANY AND ALL ALLEGATIONS THAT CONDUCT ON THE PART OF PHOENIX AND/OR WERNER OR ASSOCIATES CAUSED OR CONTRIBUTED TO SUCH CLAIM. (Please initial to show that you understand and agree_____.)

7. THIS AGREEMENT SHALL BE LEGALLY BINDING UPON ME, MY HEIRS, MY ESTATE, ASSIGNS, LEGAL GUARDIANS, AND MY PERSONAL REPRESENTATIVES. THIS RELEASE SHALL BE VALID FOR THIS DATE AND ALL FUTURE DATES. (Please initial to show that you understand and agree_____.)

8. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OTHERWISE MAY HAVE, AND SIGN IT OF MY OWN FREE WILL. (Please initial to show that you understand and agree_____.)

Signature of Rider	Date	Signature of Parent/Guardian of Rider	Date
Print Name		Print Name	

Emergency Contact Information (Name and Phone)

Camper Health Information

Child's Name _____

The following information is required for a camper to attend day camp.
All campers must be CURRENT on all immunizations

IF KNOWN EXPOSURE TO COVID-19 OR POSITIVE TEST WITHIN TWO WEEKS OF START DATE OF CAMP PLEASE NOTIFY JESSI WERNER AND WITHDRAW FROM CAMP

Provide month & year of camper's last tetanus (or DTP) shot: _____

CONTACT INFORMATION:

Parent/Legal Guardian _____ Phone _____

Parent/Legal Guardian _____ Phone _____

Emergency Contact Person _____ Phone _____

Camper's Physician _____ Phone _____

HEALTH INFORMATION: Provide information on any medical, psychological, or behavioral conditions, medications, dietary restrictions, allergies or special needs of which we need to be aware to ensure that your child's camp experience is positive.

Parent/Legal Guardian Signature _____ Date _____