

Summer Fun With Phoenix Equine Services

301-512-8708

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SUMMER DAY CAMP REGISTRATION FORM



SESSION ONE AND THREE
(AGES 8 -14)
\$950
9AM - 4PM

SESSION TWO
(AGES 6-12)
\$450
9AM - 3PM

BEFORE AND AFTER
CARE AVAILABLE FOR
\$50/DAY

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 17-28) Session TWO (July 8-12) Session THREE (July 22 - August 2)

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

BEFORE AND AFTER CARE DAYS (if any) _____

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_____.)

