

**Acres Away, LLC**

**908-809-9019**

**920 County Rd 579 MAILING ADDRESS**

**(926 County Rd 579 PHYSICAL ADDRESS)**

**Flemington, NJ 08822**

**info@acresawayNJ.com**

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## **Horseback Riding Summer Program Application - Summer 2017**

### **Student's Information**

**Name:**

**Address Line 1:**

**Address Line 2:**

**State/City/Zip:**

**Phone (Home):**

**Phone (Work:)**

**Phone (Cell):**

**Phone (Other:)**

**Date of Birth:**

**Week(s):** ( \_\_\_ 6/26 – 6/30) ( \_\_\_ 7/3 and 7/5 – 7/7 4 DAY WEEK @\$260) ( \_\_\_ 7/10 – 7/14) ( \_\_\_ 7/17 – 7/21)  
( \_\_\_ 7/24 – 7/28)( \_\_\_ 7/31 – 8/4)( \_\_\_ 8/7 – 8/11)( \_\_\_ 8/14 – 8/18)( \_\_\_ 8/21 – 8/25)( \_\_\_ 8/28 – 9/1)

**Experience Level: (Please Check One)** \_\_\_ New \_\_\_ Beginner \_\_\_ Novice \_\_\_ Advanced

New – Never ridden a horse

Beginner – Has taken a riding lesson or two or been on a trail ride

Novice – Knows basic skills and has taken a few lessons

Advanced – Has a strong knowledge of riding horses and has taken many riding lessons

**\*Costs: \$325.00 per week. \$100.00 non-refundable deposit for each week** due with application to hold the spot. \$225.00 non-refundable balance for each week is due first day of each week of camp. Sign up for two or more weeks **OR** have a friend/sibling sign up too and receive a discount of \$25.00 per week. Please make all checks payable to Acres Away – we also accept credit cards but will have to charge a service fee. \*Week of July 3<sup>rd</sup> and July 5-7<sup>th</sup> is \$260... we are closed for July 4th)

**What you will need to bring:** A bagged lunch, sunscreen, bug spray, sunscreen, and PLENTY of water.

**What should my child wear?:** For any of the riding portion, your child must wear long pants (jeans, riding breeches, etc) and a t-shirt. No loose fitting clothing and hair must be tied up too. For safety reasons, footwear **must** be a boot or a shoe with a small thick heel such as a cowboy boot – riding boots are in style! NO sneakers allowed. Your child may have shorts to change into during the non-riding portions. We will provide certified riding helmets should your child not have one (No bicycle helmets; will not protect against a fall from a horse).

Our horseback riding summer program runs Monday through Friday with drop-off at 9:00AM and pick up **PROMPTLY** at 3:00PM. Please contact Acres Away to make other arrangements for an extra fee.

Visit our website [www.acresawaynj.com](http://www.acresawaynj.com) for more information on the horseback riding summer program. Feel free to call and e-mail us too.

Completion of this form does not guarantee acceptance in the Acres Away Summer Riding Program, nor does it guarantee in the event of acceptance the week(s) requested will be available. We will send you an acceptance letter immediately after receiving your application and deposit.

Acres Away reserves the right to dismiss and or deny any child from the program(s) for any reason including but not limited to, disruptive or unsafe behavior, failure to comply with staff's instructions, and inability or refusal to partake in activities. If a child is dismissed, a parent or guardian will be required to remove the child from the property immediately.

Acres Away and their affiliates reserve the right to use any images, videos, recordings, and statements of the child for any use including but not limited to promotional and marketing material in print, video, and internet use.

Acres Away, their affiliates, and staff are not responsible for damage, theft, or loss of any and all property.

Please Check One:	I ( <input type="checkbox"/> <b>do</b> ) ( <input type="checkbox"/> <b>do not</b> ) give permission to Acres Away to administer simple analgesics (OTC painkillers such as Tylenol)
Please Check One:	Is your child on any medications that should be administered during the day? If so, will you be providing such medicines, and giving Acres Away permission to administer such medications if necessary? ( <input type="checkbox"/> <b>Yes</b> ) ( <input type="checkbox"/> <b>No</b> ).
Please Initial if Applies:	In the event of an emergency when none of the persons listed on the emergency contact form are available, I authorize Acres Away to take my child to a hospital, doctor's or dentists' office for emergency care. (_____)
List any Medications:	
List any illnesses or allergies:	
List any special dietary requirements:	

**The following is a requirement of the state of NJ...**

**Immunization Dates:**

Measles:	Tetanus:	Polio:
Diphtheria:	Rubella:	

By Signing of this application I am certifying I am legally allowed to file this application for the child listed.

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ (For mailing list only)

## Release and Hold Harmless Agreement

The Undersigned assumes the risks inherent in all horse-related activities (N.J.S.A 5:15-1 et seq.), including but not limited to bodily injury, physical harm and death to horse, rider, and spectator. In consideration, therefore, for the privilege or riding and/or working around horses at Acres Away, LLC located at 920 County Road 579, Flemington, NJ 08822, the Undersigned does hereby agree to assume the inherent risks of equine related animal activities and hold harmless and indemnify and defend Acres Away, LLC, and further release them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or to any family members or spectator accompanying the Undersigned on the premises.

Further, the Undersigned agrees to hold harmless and indemnify Acres Away from theft, loss, or damage of the Undersigned's personal property.

I, \_\_\_\_\_, assume responsibility for myself/child, if child name here: \_\_\_\_\_ to ride horseback at Acres Away, LLC. I understand that Acres Away, LLC will be held responsible for accidents to persons, property, or animals, illnesses, injuries, or death connected with my/my child's horseback riding and working around horses. Further, I will not hold Acres Away, LLC responsible for any theft, loss, or damage to personal property owned by the Undersigned.

I have read this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print clearly) \_\_\_\_\_

Address/Zip/State \_\_\_\_\_

\_\_\_\_\_

Email (for mailing list): \_\_\_\_\_

**ACRES AWAY SUMMER PROGRAM EMERGENCY CONTACT INFORMATION FORM**

**STUDENT'S NAME:**

First \_\_\_\_\_

Last \_\_\_\_\_

**PRIMARY PARENT/GUARDIAN NAME:**

First \_\_\_\_\_

Last \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Email Address \_\_\_\_\_

**SECOND PARENT/GUARDIAN NAME:**

First \_\_\_\_\_

Last \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Email Address \_\_\_\_\_

**EMERGENCY CONTACTS:**

Emergency Contact Number 1 \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Number 2 \_\_\_\_\_

Phone \_\_\_\_\_