

Brittany Cooper 845-741-3248

324 Toad Pasture Road Middletown, NY 10940

## 2018 Horsemanship Day Camp Application

NAME	BIRTHDATE	BOY/GIRL (Circle)
ADDRESS		ZIP
PARENTS' NAMES		
PARENTS' PHONE (H)	(W)	(C)
EMAIL		
N CASE OF EMERGENCY	PHONE _	
DOCTOR	PHONE _	
ALLERGIES OR MEDICAL CONDITIONS?		
	HOSPITAL	
RETURNING CAMPER NEW CAMPER	NAME OF SIBLING _	
RIDING EXPERIENCE  Number of Years Riding Name of	f previous trainer	
LEVEL OF RIDING EXPERIENCE (Please check a		Showing

## **CAMP DATES AND PRICES**

Camp is from 9:00 am - 3:00 pm daily for a four-week period starting, Monday, June 25 and
ending Friday, July 27. Please choose the week(s) you would like to attend below. Camp is
\$375 per week. Register before May 1st and receive a \$50 discount. Families registering more
than one child will receive 10 percent off the second camper.

June 25–June 29	July 9–July 1	13July	16–July 20	July 23–July 27
Total number of weeks	P	rice	Amount Er	nclosed
Early drop off is available Please check below if you pick up times and prices.	· ·		•	
I would like to set up e	early drop off	I wou	ıld like to set up	late pick up

## **SAFETY EQUIPMENT & BARN RULES**

<u>Our strong emphasis on safety requires all riders</u> to wear boots and an ASTM-approved riding helmet. (A copy of New York State Equestrian Helmet Law is available upon request as well as posted in this facility.) You are welcome to bring your own helmet.

All clients are to abide by the rules set by Black Ridge Farm. The rules are posted around the barn and can be given out in copies as per request.

## **RELEASE & HOLD HARMLESS**

I (We) acknowledge the risks involved in riding and working around horses, which include bodily injury from using, riding, training, or being in close proximity to horses. In addition, it is my clear understanding that both horse and rider can be injured in normal daily activities as well as during showing and competition.

I (We), do hereby agree to hold harmless and indemnify BLACK RIDGE FARM Inc., Owner Brittany Cooper and any subcontractors, trainers, or employees working for Black Ridge Farm Inc. and further release them from any liability or responsibility for accident, damage, injury, death or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Black Ridge Farm.

Date:	Parent or Guardian Signature:
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