



## Saving Grace Farm

725 Jackson Road  
Salisbury, NC 28146  
(704) 209-6577

[www.savinggracefarm.com](http://www.savinggracefarm.com)



### PLEASE READ ENTIRE LETTER

Dear Camper/Parent/Guardian,

Thank you for your interest in horse camp at Saving Grace Farm. Please complete the attached packet to apply.

**3-Day Camps** -3 days of riding, fun educational activities about horses, and outdoor play. Ages 5-13  
8:30-2:30 June 17-19, June 24-26, July 15-17, July 22-24, and July 29-31 (children will be grouped age/ability appropriate)

Cost is \$125 and includes healthy snacks (fresh fruit), crafts, and any other camp materials. Lunch should be packed for each child to avoid allergy issues. After camp care is available from 2:30-5:30 for an additional \$50 for the three days.

Applications are accepted from February until two weeks prior to camp. Spaces are limited, so please send in your application as soon as possible. Spaces are filled on a first come, first served basis. To reserve a spot in camp, please mail or drop off a completed application with a \$25 deposit, balance due first day of camp. If you should need to cancel, refunds will be given until June 5 for June camps, and June 26 for July. After those dates, there will be no refunds for deposits. Riders may participate in multiple camps. All camps will be very similar but there may be opportunities for those with prior experience to advance skills and be "helpers" to the other students.

It is not required for your child to have a helmet, but it would be recommended. Only ASTM/SEI approved helmets may be worn. Lebo's and Tractor Supply carry helmets for youth. Please have your child wear shoes with a low heel, like a cowboy/riding boot if they have them. **Closed toed shoes are required.** Pants are suggested to prevent saddle rubs. Leggings are fine. Campers may bring shorts, sandals, etc. to change into after horse activities are over and swimsuits and towels for water play.

If your child is already a student in the lesson program and you have completed an application/update form within the current calendar year, you do not need to complete another application just for camp. Simply drop off/mail a deposit noting "camp" in the memo line and please include the first page of the camper application ONLY.

NOTE: If you or your dependent child are interested in our Therapeutic Horsemanship program for people with special needs, please download the TH Participant Application online. If your child with special needs would like to participate in camp, please complete the TH Participant Application and if requesting day camp, also complete the camper liability release and send it in at least 2 weeks prior to camp. We have limited assistance with camps so all campers must be able to participate in group activities without a one-on-one, and be able to follow directions and be responsible for their own basic safety.

We look forward to our summer fun together!

Please return this application to: Attn: Director  
Saving Grace Farm 725 Jackson Road Salisbury, NC 28146

If you have any questions, or wish to check availability, please feel free to call the Program Director at 704-798-5955. Thank you.

Sincerely,

Janna Griggs, Executive Director

# Participant's Application

## GENERAL INFORMATION

Cost \$125/3-day. Please check the date(s) you wish to attend and include a \$25 deposit for EACH camp.

June 17-19     June 24-26     July 15-17     July 22-24     July 29-31  
After Camp Care  (\$50 per camp)

**Deposits & forms due two weeks prior to camp start. Balance due first day of camp. Cash or check only.**

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (please list food and other allergies): \_\_\_\_\_

\_\_\_\_\_

Any health concerns (please explain): \_\_\_\_\_

\_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

### PHOTO/VIDEO RELEASE

DO

DO NOT

consent to and authorize the use and reproduction by Saving Grace Farm of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. I understand that upon consent the material will only be used in a respectful manner and only by the center named above.

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

Client, Parent or Legal Guardian

In the event of an emergency we will do what is necessary to ensure safety and quick assistance. If necessary, we will call 911. Please list emergency contacts:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_



**Liability Release Form**  
for  
Saving Grace Farm Equine Activities



CAMPER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I UNDERSTAND THAT horseback riding is classified as a rugged recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. I further understand that no horse is completely predictable, and that even well trained horses can become frightened and spook, may divert from its training and act according to its natural survival instincts which may include, but are not limited to: sudden stopping, stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.
- B. I UNDERSTAND THAT Saving Grace Farm is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: Thunder, lightening, rain, wind, water, wild or domestic animals, insects, and reptiles.
- C. I UNDERSTAND THAT riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. Some examples are cameras, hats not securely fastened under chin, toys. Riders should not make sharp, loud noises, such as screaming or yelling, which may scare a horse.
- D. I AGREE THAT should emergency medical treatment be required, I and/or my own accidental/medical insurance company **shall pay for all** such incurred expenses. My accidental/medical insurance company is \_\_\_\_\_ and my policy number is \_\_\_\_\_.
- E. I UNDERSTAND THAT all riders must wear protective headgear.
- F. **I AGREE THAT** pursuant to the General Statutes of North Carolina, Chapter 99E, Special Liability Provisions, Article 1, Equine Liability Activity Liability, and under the terms set forth herein, I, the rider (or parent if under 18), and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge Saving Grace Farm, its owners, agents, employees, volunteers, officers, directors and all others acting on its behalf, of and, from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Saving Grace Farm's and its associates ordinary negligence, and I do further agree that except in the event of Saving Grace Farm's gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against this stable and its associates as stated above in this clause, or 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 this control of Saving Grace Farm, whether on or off the premises of this stable.

**WARNING**

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

- G. I UNDERSTAND THAT disregarding camp rules, straying from designated activity sites, or entering restricted areas can potentially result in injury or death.
- H. Specific exposures to harm include activities and related structural components that may or may not be included in the camp experience attended by you and/or your children. These include: Water play, Horseback riding, Hiking, Participation in Sports events, Arts and crafts programs and all other activities designated on the camp activities calendar or not specifically designated on the camp schedule but which occur on the camp site and/or during the camp dates of Saving Grace Farm.
- I. In consideration for being permitted to utilize the facilities, services, and programs at Saving Grace Farm for any purpose, including but not limited to observations or use of facilities or equipment, or participation in any program

affiliated with Saving Grace Farm without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she accepts the facilities and equipment and participation in all camp programs as being safe and reasonably suited for the purpose of observations, use, or participation. The undersigned hereby releases, waives, discharges and covenants not to sue Saving Grace Farm, or any of their agents, vendors, staff members or volunteers, their directors and officers and hereby releases them from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees (hereby and forthwith being Saving Grace Farm or anyone representing, working for, or volunteering with Saving Grace Farm) or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein.

- J. THE UNDERSIGNED HEREBY AGRESS TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the Saving Grace Farm premises or in any way observing or using facilities or equipment of the releasees or participating in any program affiliated with the releasees.
- K. THE UNDERSIGNED HEREBY ASSUMES FULL REPSONSIBILTIY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of releasees or otherwise while in, about or upon the premises of Saving Grace Farm.
- L. THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- M. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.
- N. I agree to indemnify and hold harmless Saving Grace Farm, and each of their employees, volunteers, officers, directors and agents from any and all liability incurred as a result of my/their participation in Saving Grace Farm or in any Saving Grace Farm activity. I hereby state that all adults signing below and all minors listed below are free of medical or physical conditions that might create undue risk to myself/him/her. I am aware that the activities involved with Camp involve a potential for injury to myself/children/minors. I assume full responsibility for any loss, injury and/or inconvenience resulting from my/minor's participation.

**I/WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE , AND ASSUMPTION OF RISK.**

Signature of Participant	if over 18	for _____	Date
Signature of Parent/Guardian	Name of client under 18	_____	Date
<b>Home Phone</b>	<b>Business Phone</b>	<b>Mobile Phone</b>	<b>Email address</b>