

Slocum's Appaloosa Ranch

1674 Private Hills Lane, Moneta, VA 24121

540 312 0617 trailsandlessons@gmail.com www.slocumshorsebackriding.com

Summer Camp 2015 Registration form

Please circle the date(s) your child will be attending: **June 8-12 15-19 22-26 29-July 3**

July 6-10 13-17 20-24 27-31

August 3-7 10-14 17-21

Camper's First name _____ Last name _____ Birth date ____/____/____

Address _____

City _____ State _____ Zip code _____

(_____) _____ (_____) _____
Home phone Cell phone

Email @

Drop-off time: _____ Pick-up time: _____

Person(s) authorized to pick-up camper: _____

Does camper have horse experience: _____ Years lessons taken: _____

Camper's highest level of experience: WALK TROT CANTER JUMP

Does the camper have any physical and/or medical health condition, problem and/or disorder which may affect his/her safety and/or ability to ride? YES NO

If yes, describe here: _____

RELEASE OF LIABILITY

PLEASE READ CAREFULLY AS THIS AFFECTS YOUR LEGAL RIGHTS: The Undersigned has been advised that horses can be unpredictable & there is risk of serious injury or death involved in grooming, handling or riding them. The Undersigned agrees to assume such risk when using Slocum's Appaloosa Ranch horses. Also, the Undersigned, along with family, estate, heirs or assignees agrees to release/hold Slocum's Appaloosa Ranch, its agents & employees, from & against any claim, action, damage, expense, loss or liability paid, suffered, or incurred, whether, or not for seen, as a result of using Slocum's Appaloosa Ranch horses and equipment. In consideration of the above, the Undersigned agrees to abide by all rules & regulations which may be posted in the barn or announced by a Slocum's Appaloosa Ranch agent or employee. The Undersigned has given permission for a representative of Slocum's Appaloosa Ranch to seek medical attention for my child in the situation, I, nor my designee, can be reached. Slocum's Appaloosa Ranch has the right to refuse or terminate enrollment of any child.

ALL CAMPERS MUST HAVE and WEAR APPROVED HELMETS

I have read the above release of liability & understand its provisions.

Parent/Guardian Signature _____ date _____

Print name here: _____

DEPOSIT _____ TOTAL AMOUNT: _____ BALANCE: _____ CK# _____/CASH

Please be certain to download and complete the Medical Release form also!