

Slocum's Appaloosa Ranch

1674 Private Hills Lane, Moneta Va 24121

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Summer Camp Registration Form

Camp dates are from the second week in June though the second week in September

Please write in date you are coming to camp _____

_____/_____/_____
Camper's First Name Last Name Date of Birth

Address City, State, Zip Code

(_____) (_____) _____
Cell Phone Home Phone

Email address @

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

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

Campers 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, please describe: _____

RELEASE OF LIABILITY

PLEASE READ CAREFULLY AS THIS AFFECTS YOUR LEGAL RIGHTS: The Undersigned has been advised that horses can be unpredictable and there is a risk of serious injury or death involved in grooming, handling and 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 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 or 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 see medical attention for my child in a 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 and understand its provisions.

Parent/Guardian Signature _____ Date _____

Print name here: _____

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

Be sure to download and complete the Medical Release Form in addition to this form.