

WOODLAND HORSE CENTER  
16301 New Hampshire Avenue  
Silver Spring, Md 20905  
301-421-9156, fax: 301-421-9049  
[www.woodlandhorse.com](http://www.woodlandhorse.com)

2011 ADULT CAMP REGISTRATION FORM  
PLEASE CIRCLE DATE(S) ATTENDING CAMP

MON, OCT 10; TUES, OCT 11; WED, OCT 12; THURS, OCT 13; FRI, OCT 14

**A \$50.00 ADMINISTRATIVE FEE WILL BE ASSESSED IF THE CAMPER WITHDRAWS FROM CAMP**

**COST IS \$375 FOR THE WEEK; SIGN UP FOR THE ENTIRE WEEK AND PAY ONLY \$350**

**INDIVIDUAL DAYS ARE \$75**

**A DEPOSIT OF ONE-HALF OF THE TOTAL COST IS DUE AT TIME OF REGISTRATION; BALANCE IS DUE THE FIRST DAY OF CAMP**

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

Confirmations sent via email

**RELEASE OF LIABILITY. PLEASE READ CAREFULLY, THIS AFFECTS YOUR LEGAL RIGHTS:**

The Undersigned has been advised that horses can be unpredictable & there is a risk of serious injury or death involved in grooming, handling or riding them. The Undersigned agrees to assume such risk when using Woodland Horse Center (WHC) horses. Also, the Undersigned, along with family, estate, heirs or assigns agrees to release/hold harmless WHC, its agents & employees, from & against any claim, action, damage, expense, loss or liability paid, suffered, or incurred, whether or not foreseen, as a result of using WHC horses & 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 WHC agent or employee.

**I HAVE READ THE ABOVE RELEASE OF LIABILITY & UNDERSTAND ITS PROVISIONS.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed name \_\_\_\_\_

**A DEPOSIT OF ONE-HALF OF THE TOTAL AMOUNT IS DUE AT TIME OF REGISTRATION; HOWEVER, PARENTS MAY PAY THE ENTIRE AMOUNT AT TIME OF REGISTRATION**

**DEPOSIT \_\_\_\_\_ TOTAL AMOUNT \_\_\_\_\_ BALANCE \_\_\_\_\_**

Name on Credit Card \_\_\_\_\_ Credit Card Nr \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on check \_\_\_\_\_ Check Nr \_\_\_\_\_