

WOODLAND HORSE CENTER
16301 New Hampshire Avenue
Silver Spring, Md 20905
301-421-9156, fax: 301-421-9049
www.woodlandhorse.com

2010 HORSEMANSHIP SUMMER CAMP REGISTRATION FORM

Please circle session(s) which campers are attending. Two-week session \$750; extended care \$120; additional weeks \$360 per week.

Early Bird Session: June 14 – 18, Cost \$375, Extended Care \$60
Session 1: June 21 - July 2
Session 2: July 5 - 16

Session 3: July 19 - 30
Session 4: August 2 - 13
Session 5: August 16 - 27

Camper's Name _____ Birth date _____
Street _____
City _____ State _____ Zip code _____
Phone _____
Home _____ Work _____ Cell _____
Email _____

Confirmations sent via email _____

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

Person(s) authorized to pick up camper _____

Has the camper ridden before _____ Taken lessons (number of years) _____

Level of skill: circle highest level 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 _____

How did you hear about us? Newspaper, internet, friends, sign, yellow pages, other

In consideration of using horses & equipment owned by, or in the case, custody & control of Woodland Horse Center (WHC), the undersigned "Licensee" & family, estate, heirs or assigns hereby agree to release/hold harmless WHC, its agents & employees from & against any claim, action, loss of liability paid, damages, whether foreseen or unforeseen, as a result of using such equipment & horses. Licensee hereby assumes responsibility & liability for any loss to such equipment & horses & agrees to return them in the same condition as received. Licensee has read & agrees to be bound by the rules & regulations affecting equipment & horse usage. An authorized agent or employee of WHC will announce such rules. Licensee acknowledges having been advised horses are sometimes unpredictable & there is a risk in riding. With such knowledge, Licensee hereby agrees to assume that risk. WHC does not carry medical insurance for campers or customers.

ALL CAMPERS MUST HAVE THEIR OWN ASTM-APPROVED HELMETS

WHC has the right to refuse or terminate enrollment of any child who, in its sole discretion, presents a danger to himself, herself, other campers, staff, the horses or the facility.

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

Guardian/Licensee 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 _____

Name on Credit Card _____

Credit Card Nr _____ Expiration Date _____

Name on check _____ Check Nr _____