

**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)

**MINI DAY CAMPS 2010 - 2011**

Please circle the date(s) which campers are attending  
**Thursday, Sep 9; Tuesday, Sep 14; Friday, Oct 15; Monday, Nov 1; Tuesday, Nov 2, 2010**  
**Monday, Feb 21; Thursday, Mar 31, 2011**

Cost is \$75 per day; \$12 per day for extended care

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_  
Home Work Cell  
Email \_\_\_\_\_

(please print clearly; 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: please circle highest level walk trot canter jump

Does the camper have any physical and/or medical condition, problem, 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.

**CAMPERS MAY BORROW A HELMET FROM WHC IF THEY DO HAVE NOT HAVE THEIR OWN**

**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 AND UNDERSTAND ITS PROVISIONS**

Guardian/Licensee's signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Credit Card Nr \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

Deposit \_\_\_\_\_ Full Amount \_\_\_\_\_ Balance \_\_\_\_\_

Check Nr \_\_\_\_\_

Name on check \_\_\_\_\_

Deposit \_\_\_\_\_ Full Amount \_\_\_\_\_ Balance \_\_\_\_\_

