

Pleasant Hill Stable
Summer Camp!!!
For Kids Age 7-18



This summer sign Your kids Up for horseback riding camp at Pleasant Hill Stable in Port Crane, NY!

CALL (607) 648-4979 OR (607) 648-3377

Camp runs Monday to Friday: 9:00 AM – 4:00 PM

Here are just a few of the fun things that we do everyday:

- Horseback Riding Lessons
- Trail Rides
- Safety Around Horses
- Games & Cookouts
- Contests & Crafts
- Grooming & Horse Care



Camp cost \$175.00 per week, including \$75.00 deposit!
(Balance to be paid on child's first day of camp)

Camp begins Monday, June 29th and ends Friday September 4th

Child's Name _____ Phone # _____

Child's Age _____ Date / Dates Attending _____

Child's Address _____

I give permission for my child to take part in your summer day program. I also give permission to the staff at Pleasant Hill Stable to administer proper medical assistance to the above named participant. I agree to not hold Pleasant Hill Stable, or any of its agents responsible in the event of injury to my child.

Signature of Parent or Guardian _____

Emergency Name and Phone # _____

Send Completed Form and \$75.00 per Child Deposit to:

Pleasant Hill Stable
648 Pleasant Hill Road
Port Crane, NY 13833

Or we can accept Visa payment over the phone

RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

(To be attached to and part of Exhibits "A" and "B".)

By this agreement, made and entered this _____ day of _____, 20____ by and between _____, who resides at _____, hereinafter referred to as "I" and _____ at _____ hereinafter referred to as "THIS STABLE".

IT IS HEREBY AGREED TO AS FOLLOWS:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at THIS STABLE, and that student will either ride his or her own horse, or school horses provided by THIS STABLE for instructional purpose.
2. That in the last two years student has ridden horses (write student's name or names beside appropriate riding time.):
 - A. Less than 10 hours_____ Student's name_____
 - B. 10 to 20 hours_____ Student's name_____
 - C. 20 hours or more_____ Student's name_____
3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3-1/2 to 5-1/2 feet. I understand these risks, and I voluntarily assume these risks and dangers.
4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to him and others.
5. That I have been advised that students should purchase and wear a helmet or hardhat and to wear it in and around THIS STABLE so as to prevent horse related injuries.
6. LIABILITY RELEASE: That I understand that, except in the event of THIS STABLE's wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on THIS STABLE's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby, for myself, my heirs; administrators and assigns release and discharge the owners, operators, and sponsors of THIS STABLE and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.
7. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at THIS STABLE. Name of Insurance Company is _____ Policy number is _____ that I further understand that should medical emergency treatment be required, the current Insurance Information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.
8. That this agreement is entered into in the state of _____ and will be interpreted and enforced under the laws of the state.
9. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to THIS STABLE's rules attached as Exhibit "B" and incorporated herein by this reference.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT THIS DATE.

FULL NAME(S) OF STUDENT RIDER(S) IF UNDER AGE OR GUARDIANSHIP:

1. _____ AGE: _____

2. _____ AGE: _____

3. _____ AGE: _____

4. _____ AGE: _____

Listed below are the details of any allergies, ailments or handicap a student may have, and of which THIS STABLE should be aware. _____

PARENT OR GUARDIAN _____ DATE _____ 20____

SIGNATURE OF RIDER _____ DATE _____ 20____
(if of legal age and not under guardianship)

FULL ADDRESS

HOME PHONE

BUSINESS/CELL PHONE

Form 05