

www.deerantlerequestrian.com 302-659-1366

Riding Camp Application

Summer Camp Sessions

Beginner thru Advanced Camps:

- 1. Beginner riders, no experience needed.
- 2. Advanced riders required to jump two feet and higher

9:00 AM to 2:00 PM extended hours can be arranged. \$330 per week / \$75 per day.

\$20 discount for full week registrations received before May 15th.

A deposit of \$50 per session is payable at registration. Balance is due on the first day of camp.

Paypal payments: deerantler1133@aol.com

Make checks payable to: Laura Blevins.

Name:		Age:	
Address:			
City, State, Zip:			
Riding Experience:	Beginner	Intermediate	Advanced
Parent/Guardian Name:		Email:	
Daytime Phone:	E	vening Phone:	
Emergency Contact:		Allergies:	
Enroll for Week(s) of:			
	Year: 2 <u>0</u> A	amount Enclosed: \$	

Mail to: Deer Antler Riding Camp, 1133 Deer Antler Road, Clayton, DE 19938.

DEER ANTLER EQUESTRIAN CENTER

Stable Release and Indemnity Agreement

I hereby indemnify and agree by this signing to release Deer Antler Equestrian Center (Stable) and all associated persons from liability for any accident or injuries sustained by me, my employees, heirs, representatives, dependents, or guests. It is understood that wherever the word "Stable" is used in this agreement, it includes landowners, stable owners, trainers, independent contractors, employees, counselors, volunteers, farm helpers, and any other individual related to ownership or management of the horse facilities; including but not limited to the following named individuals: Laura Blevins, Sarah Ashley, Kristin Weiher, Ally Mlodzinski, Ashley Yeager, Richard Guelette, Wyatt Blevins, Tom Johnson, Kayla Smith, Laura Smith, Angie Colvin, Herman Smith, Rosemary Smith, and H&R Farm LLC

As a horse owner, riding student, contestant, spectator, employee, independent contractor, or parent, I, the undersigned, recognize that all equestrian related activities can be dangerous at times, that accidents involving horses can occur, and that land conditions and ring footing are rarely perfect. In light of this knowledge I undertake full responsibility for any harm that may come to me, my horse, or to any of my associates. With full knowledge, I release the herein above named Stable from any and all responsibility for accidents and injuries.

By signing this release, I am stating that I have adequate medical and liability insurance protection. I understand that the Stable will assume no responsibility for horse or rider. It is agreed that losses occasioned by the injury or death of a rider, spectator, or horse are to be covered by the insurance of the undersigned and it is further agreed that the undersigned's heirs, representatives, dependents, or guests shall have no right to action against the Stable employees, landowners, independent contractors, volunteers or any of their insurance carriers.

If the rider is under 18 years of age, signature of the parent or guardian indicates acceptance of responsibility by said parent or guardian and release of liability of the Stable and affiliated persons.

If damage is caused by the undersigned's horse or horses, the undersigned takes full responsibility for damage to persons, property, or other horses and agrees to indemnify the Stable against liability for such damages.

The undersigned further agrees to indemnify the Stable against any liability for physical loss, injury, or death, or for damages occurring on the Stable premises which may require destruction of a horse or horses.

It is understood and agreed that the Stable assumes no responsibility for personal property of the horse owner and said property is stored on the premises at the sole risk of the horse owner.

Signature:	Date:	
Address:	Phone:	
	Email:	
Rider's Name(s) [print]		
Medical Insurance Plan	Policy #	
Personal Physician	Phone:	