

2017 Summer Horse Camp at **Mack Hill Riding Academy**

Session 1: June 26 - 30; 9am – 3pm

Session 2: July 10 - 14; 9am – 3pm

Session 3: July 17 – 21; 9am – 3pm (intermediate/advanced)

Session 4: August 14 - 18; 9am – 3pm

A fun and educational experience for children of all skill levels ages 7 and up!

Activities to include: Riding lessons, games on horseback, basic horse care, hands on lectures, horse management skills and more! Other fun Summer-time activities planned such as: swimming, bathing horses, and arts and crafts.

While all sessions welcome riders of all abilities, session 3 is specifically geared towards children who have riding experience, are able to walk and trot independently and are at least 10 years old. Please get in touch if you're unsure if this session would be a good fit for your child.

Fees: \$500.00 per session. If a second child in the same family is enrolled, there is a 10% discount on that child's session fee (\$450.00). A 50% deposit is needed per session to reserve each child's place at camp. The remaining balance is due on the first day of camp. Deposits are fully refundable until 30 days before the start of the camp session. One form per child enrolled.
No refunds on cancellations within 30 days of camp.

Please return the lower portion of this form, the release form and a 50% deposit to:

Mack Hill Riding Academy
3 Mack Hill Rd.
Amherst, NH 03031

Student's Name: _____ Age: _____ English or Western? _____

Skill level (Please circle one): Never Ridden Beginner (on lunge line)

Beginner walk/trot Advanced walk/trot Walk/trot/canter

Does the student jump? Yes No

Please circle the session(s) desired: (50% deposit required per session)

June 26 - 30

July 10 - 14

July 17 – 21 (advanced)

August 14 – 18

RELEASE FORM

SOUHEGAN RIDERS LLC
d/b/a Mack Hill Riding Academy
3 Mack Hill Rd.
Amherst, NH 03031

I, _____, agree to release for all purposes Souhegan Riders LLC, and its employees, agents, contractors and managing members (W. Scott O'Connell and Susan O'Connell), as well as the owners of 3 Mack Hill Rd., Amherst, New Hampshire (collectively, the "Equine Activity Sponsors") from any liability related to riding, training, grooming or other equestrian activities provided by Souhegan Riders LLC. I understand, acknowledge and affirm the limitations of liability provided by New Hampshire law (See RSA 508:19) for Equine Activity Sponsors. Each participant in an equine activity expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property which results from participation in an equine activity. Each participant shall have the sole responsibility for knowing the range of his or her ability to manage, care for, and control a particular equine or perform a particular equine activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular equine at all times while participating in an equine activity, to heed all posted warnings, and to refrain from acting in a manner which may cause or contribute to the injury of any person. In signing this Release I agree that I am aware of the risks and dangers involved with horseback riding and the related equine activities. I understand that horses/ponies are large and unpredictable animals by nature, that they may bite, buck, kick, rear and otherwise act in manner which could hurt me, that even the most experienced riders may have difficulties controlling an animal, and that the resulting risks can cause serious bodily injury or even death. Being aware of these risks associated with horses/ponies, horseback riding and all equestrian activities, I consent to and assume these risks. I also agree that in addition to the limitations of liabilities provided by state law, to hold the Equine Activity Sponsors harmless for any injury or damage I suffer while engaged in an Equine Activity.

Date

Signature of Participant (If over 18 years of age)

Signature of parent or legal guardian if the participant is under 18 years of age.

Date

Signature

/ Print Name

Street Address Town State Zip

Home Telephone Number and Cell phone Number

E-mail address: _____



Summer Camp Medical Form

Camper's name and age:

Emergency contact and phone number:

Medical issues:

Allergies:

Type of reaction:

Treatment: