

2021

Summer Camp

Registration Form



Camper Name: _____ Age: _____ (age 5 and older)

Boy/Girl (circle)

Parent's Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Mom's Day Phone: _____ Dad's Day Phone: _____

Email: _____

Name and Number of Emergency Contact: _____

What to bring:

- Lunch, Snack and drink (especially water)
- Shorts, t-shirt to wear when not riding (optional)
- Raincoat (if needed)
- Full-length pants, boots or shoes with smooth sole and heel (for riding lesson)
- Helmet (bike helmet is fine)

Day campers will learn aspects of horse ownership including:

- English riding skills.
- Stable routines, feeding, daily care of the horse.
- Grooming and health care for the horse.
- Tack and equipment. How to care for and clean.
- Crafts, games and **lots** of fun!

Sessions run Tuesday through Friday from 9am – 2pm. Each session will cover the above and include a private English Riding lesson daily with our Professional Trainer.

Describe any previous riding: _____

Choose a session:

() June 29th-July 2nd () July 13th-July 16th () August 10th-13th () August 24th-August 27th

Cost for each session is \$325.00. A non-refundable down payment of \$125. is required with each registration, the remainder to be paid by the first day of camp. Additional hours before and after camp are available for a fee.

Please make checks out to Galemont Farm and return with your registration form, by mail, to Galemont Farm, 4041 Cortina Rd., Baldwinsville, NY 13027 (this is only our mailing address). For more information, please contact Brenda Peck at (315) 345-2189.

Paid \$_____ on _____, 2021. Remaining balance of \$_____

Each camper must also have a signed Liability Release on file in order to participate. Forms will be available on first day of camp () Release completed

Any health/allergy concerns: _____

Signature of Parent or Legal Guardian Date

Assumption of Risk Agreement and Release

Galemont Farm LLC.

6871 West Sorrell Hill Road
Warners, NY 13164

Riding Assumption of Risk Agreement and Liability Release

I, _____, (parents name if for a minor), here by acknowledge that I have willfully and voluntarily applied to participate in the activity of Horseback Riding and or Hunter and Huntseat Equitation Lessons at Galemont Farm LLC. I am fully aware of and acknowledge the dangers and perils that are peculiar and particular to this activity, including but not limited to falling from a horse, being stepped on or kicked by a horse, being pushed by a horse or pinned between a horse and another object. I am further aware that horses can be unpredictable and I am fully aware that their actions and reactions can and do cause injury. I hereby acknowledge that I am voluntarily participating in these activities with full knowledge of the dangers particular to this activity. I do hereby fully agree to solely accept any and all risk of accidental loss, serious bodily injury or death in association with any and all of these activities. In consideration for my participation in any or all of the activities, use of facilities and or equipment, I hereby release from and agree that neither I nor my heirs, executors, guardians, or legal representatives and assigns, will make any claim against, attach the property of, sue or prosecute Galemont Farm LLC., or any of its officers, representatives, instructors or affiliates for any injury, damage, and or death resulting from my participation in any Horseback Riding, Jumping, Horsemanship and or related activities.

In addition I hereby release and discharge Galemont Farm LLC., any of its officers, representatives, instructors or affiliates from all actions, claims or demands that I, my heirs, executors, guardians, legal representatives, or assigns now have or may have for any injury, damage, or death resulting from my participation in Horseback Riding, and or Hunter and Huntseat Equitation and or any related activities.

I have carefully and thoroughly read this agreement and I fully understand its contents and consequences. I am also aware that this is a release of liability and a legal contract between Galemont Farm LLC and myself and I do sign it of my own free will.

Name: _____

Name of minor: _____ Age: _____

Signature: _____
(Parent or Legal Guardian if for a minor)

Date: _____

Galemont Farm LLC.
6871 West Sorrell Hill Road
Warners, NY 13164

Participant Information

Participants Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Address: _____

Email: _____

If participant is a minor:

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Address (If different): _____

Email: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Address (If different): _____

Email: _____

Emergency and Contact Information: _____

Other Medical or Allergy Information: _____

Other Information: _____