



# Free Spirit Stables

at Rushing Winds Farm

## 2012 SUMMER RIDING CAMP LIABILITY WAIVER

Please fill out one form per person attending.

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

2012 Summer Riding Camp Sessions: (Please check desired session)

\_\_\_\_\_ Session 1: June 18<sup>th</sup>-22<sup>nd</sup>      \_\_\_\_\_ Session 2: June 25<sup>th</sup>-29<sup>th</sup>      \_\_\_\_\_ Session 3: July 9<sup>th</sup>-13<sup>th</sup>

\_\_\_\_\_ Session 4: July 16<sup>th</sup>-20<sup>th</sup>      \_\_\_\_\_ Session 5: July 23<sup>rd</sup>-27<sup>th</sup>      \_\_\_\_\_ Session 6: August 6<sup>th</sup>-10<sup>th</sup>

\_\_\_\_\_ Session 7A: Aug 20<sup>th</sup>-24<sup>th</sup> (Regular Camp)      \_\_\_\_\_ Session 7B: Aug 20<sup>th</sup>-24<sup>th</sup> (Jump Camp)

\_\_\_\_\_ Session 8: ADULT CAMP ONLY/July 30<sup>th</sup>-August 3<sup>rd</sup> /6:00pm to 9:00pm - \$200/week

Weekly Rate Option: \_\_\_\_\_ 9:00am to 3:00pm - \$200.00/week      \_\_\_\_\_ 7:00am to 6:00pm - \$300.00/week

Total Amount Due \$ \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_

### AGREEMENTS AND DISCLAIMERS

**AGREEMENT:** In signing this agreement for my child or self, I certify that he/she is able to participate fully in the program unless otherwise stated in written form to Free Spirit Stables. You may withdraw from any programs with no penalty until May 15, 2012. After May 15, 2012 you will forfeit all costs unless placement is filled from waiting list.

PARENT OR GUARDIAN SIGNATURE:

\_\_\_\_\_

I give Free Spirit Stables permission to use any photographs or video displays of my child for promotional purpose or other legitimate reasons.

PARENT OR GUARDIAN SIGNATURE:

\_\_\_\_\_

**REGULATIONS:** The directors reserve the right to ask any person who is disruptive in any way not to return. Due to the variety of activities and open areas, for the safety of your child, it is essential that he/she can follow directions. There will be no refunds per persons asked not to return.

9912 Masser Road • Frederick, MD 21702

Phone: 301.606.4077

Email: [freespiritstablesmd@yahoo.com](mailto:freespiritstablesmd@yahoo.com)

Website: [www.spiritstablesmd.com](http://www.spiritstablesmd.com)





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*continued*

INFORMED CONSENT AND RELEASE OF LIABILITY: In consideration of the participant, \_\_\_\_\_ being allowed to participate in the programs conducted by Free Spirit Stables and to engage in all activities related to the programs, including but not limited to, those listed in the brochure/website, I, the undersigned, on behalf of myself and the above named participant, do hereby waive, release and forever discharge, and indemnify and hold harmless Free Spirit Stables and its officers, agents, employees, and representatives from any and all claims, suits, actions, damages, losses, liability, costs and expenses (including attorneys fees and court costs), of any kind or nature whatsoever, incurred from injuries and/or damages to person and/or property, including those caused by negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with participation by the above named participant in the program.

\_\_\_\_\_ (Please Initial) I understand that participation in these programs is potentially hazardous and can result in serious injury, and I am voluntarily allowing the above named participant to participate in these programs with knowledge of the dangers involved. I hereby expressly assume and accept, on behalf of myself and the above named participant, any and all risks of injury and death.

\_\_\_\_\_ (Please Initial) I understand that participation in these programs may not be advisable for certain individuals, including but not limited to persons suffering from heart disease, diabetes, high blood pressure or low blood pressure and other conditions and illness, and persons taking medication. I hereby acknowledge that I have been advised to seek advice from a physician regarding the above named participant's participation in these programs. I also acknowledge that it has been recommended that the above named participant have regular physical examinations and consultations with his/her physician as to participation in these programs. I acknowledge that the above named participant has wither had a physical examination and has been given his/her physician's permission to participate, or that I have elected to allow the above named participant to participate without the approval of his/her physician and I do hereby assume all responsibility for participation by the above named participant in these programs.

\_\_\_\_\_ (Please Initial) I certify that I have read and understand all of the foregoing and that, by signing this Liability Waiver Form, I intend to be bound legally and to bind the above named participant, and our respective heirs, executors, administrations, successors and assigns.

PARTICIPANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

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