



SWEET HILLS RIDING CENTER

Summer Camp 2010 Application

Camper's Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____

Age: _____

Weeks Requested:

June 28- July 2 Aug 2- Aug 6
July 5- July 9 Aug 9- Aug 13
July 12- July 15 Aug 16- Aug 20
July 19- July 23 Aug 23- Aug 27
July 26- July 30

What level rider are you? _____
Where have you ridden? _____

Parents Name: _____ Daytime Phone: _____
Parents Cell: _____ Campers Cell: _____

Alternate Emergency Contact: _____

Alternate Emergency Phone: _____

Relationship to Camper: _____

Any allergies or medical conditions we should know about Yes No

If yes please advise us here:

Sweet Hills Riding Center and Hold Harmless Agreement: In consideration of the use of horses, gear, equipment, premises and facilities of Sweet Hills, I agree for myself and my minor child or wards, if any, who may use Sweet Hills horses, gear, equipment, premises and facilities, to assume all risks and hazards of such. I hereby release Sweet Hills from, and agree that Sweet Hills shall not be liable to me, my child(ren), in or about Sweet Hills premises, or in West Hills Park, resulting from or arising out of my child(ren)'s use or intended use of Sweet Hills horses, gear, equipment, premises and facilities. For myself and my children I agree not to sue Sweet Hills for such injuries. I hereby release Sweet Hills and its officers, directors, employees, and agents from any claims for any injuries or losses arising from or arising out of the negligence of Sweet Hills. I acknowledge the inherent risks involved in riding and working around horses. These risks can include bodily injury from using, riding or being in close proximity to horses. If any part of this agreement should be invalid, such part shall be severed, and the rest of the agreement shall continue in effect. This agreement may not be changed orally.

Signed: _____
(parent or guardian)

Date: _____

If mailing in your application and payment, please mail to:

Sweet Hills Riding Center, 24 Ribbon Lane, Wantagh NY 11793

For Office Use Only:

Date: Check Number: Amount: Balance Due: Date: Check Number: Amount: Balance Due
