SWEET HILLS RIDING CENTER

# Summer Camp 2009 Application

Camper's Name: _____ Age: _____

Address: _____ Weeks Requested:

City, State, Zip: _____

- ☐ June 29—July 3
- ☐ Aug 3—Aug 7
- ☐ July 6—July 10
- ☐ Aug 10—Aug 14
- ☐ July 13—July 17
- ☐ Aug 17—Aug 21
- ☐ July 20—July 24
- ☐ Aug 24—Aug 28
- ☐ July 27—July 31

Home Phone: _____

What level rider are you? _____

Where have you ridden? _____

Parent's Name: _____ Daytime Phone: _____

Parent's Cell: _____ Camper's 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 Release and Hold Harmless Agreement:** In consideration of the use of the 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 use. I hearby 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, equpment, premises and facilities. For myself and my children I agree not to sue Sweet Hills for such injuries. I hearby 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: _____ Date: _____

*(parent or guardian)*

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

**Sweet Hills Riding Center, 1165 Sycamore Avenue, Bohemia, NY 11716**

*For Office Use Only*

| *Date:* | *Check Number:* | *Amount:* | *Balance Due:* | *Date:* | *Check Number:* | *Amount:* | *Balance Due:* |
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