

Camp Sign Up Form

Name:		Age:	
Email Address:			
Address:			
Riding Level (circle one):	Beginner	Intermediate	Advanced
Emergency Contact (Name	& Number):		
Health/Learning/Physical li	mitations:		
Please o	circle which session(s) yo	ou would like to enro	ll in:
June	17th- 21st	June 24th-28th	
$J\iota$	$aly 22^{nd}$ -26 th	July 29 th -Aug 2 nd	

Sessions Run 8am-12pm: \$400

Payment in full is due upon registration. Refunds will not be given after June 1st.

Payment Options: Venmo, Cash or Check: Please have checks made out to Twin Brook Stables Venmo: twinbrook-stables

For New Students: Please sign and return the liability waiver on page two and three

Helmets are provided but please make sure your child is wearing appropriate footwear, including a boot with a heel for riding. Jeans or leggings are required - No shorts! A change of clothes can be brought when they are not riding.

If you have any questions please contact Danielle at twinbrookstables@gmail.com or 860-304-6355.

Please drop off, email or mail this form along with payment to:

Twin Brook Stables 250 Killingworth Turnpike Clinton, CT 06413



Release of Liability and Hold Harmless Agreement

Please carefully read and initial each paragraph as you approve it.

I	, am fully aware and fully understand that all
	otentially dangerous. I realize that placing my children, or
Initial	
	or ponies can be a dangerous sport. I am aware that riders time to time. I understand that death of people from
Initial	
I realize that professional instru around, handling, or riding hor	action cannot prevent serious injury or death from working sees and ponies.
Initial	
· · · · · · · · · · · · · · · · · · ·	LC, its owners, trainers, and employees from all liability for s or death of my children, my animals, or myself.
Initial	
initiate emergency first aid trea accident. They also have my per	wners, employees, and associates, have my permission to tment for my children, my animals, and myself in case of an rmission to authorize emergency medical treatment by my children or myself, and veterinary treatment by for my animals.
Initial	
understand that I am fully resp the handling or riding of horses	sponsible for any guests that I may have on the property. I onsible for fully informing the guest of all risks related to s. I understand that I am fully responsible for informing ent, training, habits, and for determining that the guest is the horse.
Initial	

I have carefully read each paragraph listed above and understand its contents.

Warning: Under Connecticut law, Public Act # 93-286

"each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure, or activity by the person providing the horse or horses or his agents or employees

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including, but not limited to bodily injury and physical harm to horse, rider, guest, and/or spectator. The undersigned agrees to the above and release and indemnify Twin Brook Stables, instructors, horse owners, and its employees from all liability for any injuries he/she sustain while participating in equestrian related activities, as well as, riding lessons.

If under 18, the parent or guardian must read and sign the above, indicting his/her acceptance. Please write legibly.

Print Students	Name:	DOD.
		DOB:
Date:	Signed:	
	Print Participant Name:	
Date:	Signed:	
	Print Parent/guardian (if minor):	