



Kim Cousins
 (901) 300-0204
 Krosscreekfarm.com

Hickory Run Farm
 426 Pineville Road, Newtown, PA 18940

Horseback Riding Summer Camp Registration Form

From the new rider to the advanced, our summer camps are ideal for riding students who are interested in expanding their knowledge of horses and showing!

Half day camps run 9AM –12PM
Full day camps run 9AM– 3:30PM
Monday—Friday*.

*There are no camps on Monday July 4th.
(Early and late drop off can be arranged.)
Brown bag lunch.

Sibling discounts available.

Camp Director: Kim Cousins

ADVANCED ONLY

August 1st - Aug 5th \$600

Advanced riders only. Includes two lessons per day, horse park, jumping course and one overnight sleepover!

Activities include:

- ◆ Daily lessons
- ◆ Horseshows
- ◆ Trail rides
- ◆ Game Day
- ◆ Horsemanship
- ◆ Equine care
- ◆ Swimming
- ◆ Horse swimming**

ONE WEEK

1/2 DAY FULL

\$200 \$400

June 20th - 24th

June 27th - July 1st

August 1st - Aug 5th

TWO WEEK, FULL DAY

June 20th - July 1st \$800

July 5th - July 15th \$750

July 18th - July 29th \$800

**May be available to advanced riders only.

Camper Name: _____ **Birthdate** _____ **Height & Weight** _____ **Name of Camp** _____ **Ability Level (circle one)**

#1 _____ /____/____ _____ /_____ _____ Beginner-Novice-Inter.-Adv.

#2 _____ /____/____ _____ /_____ _____ Beginner-Novice-Inter.-Adv.

Parent/Guardian Name(s): _____ Relationship to Child(ren) _____

Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone #1 _____ Cell Phone #2 _____

Emergency contact name if different from guardian : _____

Email(s) of Rider(s): _____ Parent/Guardian email(s): _____

Please make checks payable to "Hickory Run Farm".

Please mail this form, payment and attached waiver to: P.O. Box 175 Penns Park PA 18943

Questions? Email krosscreekfarm@gmail.com.

**KROSS CREEK FARM and HICKORY RUN FARM
RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Please read and be certain you understand the implications of signing. Express Assumption of Risk Associated with all Trial Rides and Related Activities. I, _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Horse Riding Instructions/Lessons, transportation of equipment related to the activities, and travelling to and from the activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized in Horse Riding is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or others Equipment.
3. My own negligence and/or the negligence of all others, including employees, agents, independent contractors and representatives of Kross Creek Farm and Hickory Run Farm. Including but not limited to operator error.
4. The propensity of an equine (horse) to behave in dangerous ways that may result in injury to the participant regardless of the equine's previous training and past performance.
5. The inability to predict an equine's (horse's) reaction to sound, movements, unfamiliar environment, objects, persons, or animals.
6. Natural hazards including but not limited to surface or subsurface conditions.
7. Propensity for an equine (horse) to run, buck, bite, kick, shy, stumble, rear, trample, scratch, peck, fall, make unpredictable movements, spook, down, jump, bull, step on a person's feet, push or shove without warning or apparent cause.
8. Saddles or bridles may loosen or break which may cause the participant to be jolted or fall.
9. The domesticated animal may also react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal.
10. The potential for a participant to fail to exercise reasonable care, take adequate precautions or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities.
11. Collisions with trees, brush, and other animals or objects.
12. Broken bones, severe injuries to the head, neck, and back which may result in severe impairment or even death.
13. Cold weather and heat related injuries and illness including but not limited to frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
14. Exposure to outdoor elements, including but not limited to avalanche, rock fall, inclement weather, thunder and lightning sever and/or varied wind, temperature and all other weather conditions.
15. Attack by/or encounter with insects, reptiles, and/or animals.
16. Accidents or illness occurring in remote places where there are no available medical facilities.
17. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
18. My sense of balance, physical coordination, and ability to follow instructions.

_____ **Initial Here**

Declaration of Fitness to Ride

I hereby declare that I am physically fit, I do not, and have not, suffered from any of the following conditions, which I understand may lead to dangerous situations with regard to other persons or myself during riding activities. Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and sever joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs. I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness. I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of riding activities, I will notify the instructor/guide/employee of the insured immediately and before moving away from the immediate vicinity.

_____ **Initial Here**

Protective Equestrian Headgear Refusal Agreement

Please read and be certain you understand the implications of signing Release of Liability, Wavier of Claims and Indemnity of Agreement In consideration for being permitted to participate in any way in horseback riding and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees Kross Creek Farm or HICKORY RUN FARM, Owner, Company and/or person).
2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement. This release shall be binding to the fullest extent permitted by the law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable. By signing below, the participant (s) agree to all the policies, procedures, statements and are bound to all the verbiage under the sections of the Trail rides Release Liability, Waiver of Claims. Express Assumption of Risk and Indemnity Agreement, Declaration of Fitness and Ride and Protective Equestrian Headgear Refusal Agreement.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I (WE) FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I (WE) HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I (WE) SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I have read the above Declarations, understand them, and agree to be bound by them.

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Print Name of Participant

Signature of Adult Participant/ Guardian of Minor(s)

Address of Participant(s)

Contact Number

Print Name of Participant

Please Print Name

Contact Email

Print Name of Participant

Date

City/State/Zip

Signature of KCF or HRF Representative