

**LAKESIDE STABLES**

**2021 CAMP DATES**

**CAMPER NAME:** \_\_\_\_\_ **CAMPER AGE** \_\_\_\_\_

PLEASE CHECK ALL CAMP DATES THAT APPLY

**Camps fill up quickly and spaces are limited!**

*A \$150.00 non-refundable deposit is due at sign-up to secure your child's spot for camp, as spots are limited. Please pay by check or cash. If you do not provide a check, we will charge your credit card on receipt of registration packet. If you sign up for more than one camp, you will receive a 10% discount off each additional camp. The remaining balance is due 14 days prior to the start date of camp.*

**HORSEMANSHIP CAMPS: (Cost: \$500) Beginner-Intermediate Riders**

Ages 6 & up • Monday-Friday • 9am-3pm

\_\_\_\_\_ SESSION 1: JUNE 14-18

\_\_\_\_\_ SESSION 2: JUNE 21-25

\_\_\_\_\_ SESSION 3: JULY 5-9

\_\_\_\_\_ SESSION 4: JULY 19-23

\_\_\_\_\_ SESSION 5: AUGUST 2-6

\_\_\_\_\_ SESSION 6: August 9-13

**TINY TROTTERS CAMPS: (Cost: \$300) Beginner Riders**

Age 3-5 years old • 3 Days Only • 9am-1pm

\_\_\_\_\_ SESSION 1: June 2-4 (W-F)

\_\_\_\_\_ SESSION 2: June 28-30 (M-W)

***Camps may include any or all of the following:***

*Daily riding lesson with a professional instructor*

*Learning to groom horses*

*Horse-related games*

*Horse-themed crafts*

*New horse experiences*

*Horse painting*

*Driving a horse in a buggy*

*Veterinarian presentation / Q & A*

*Making horse treats*

*Scavenger hunts*

*Horse care & knowledge*

**CONTACT INFORMATION:**

Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Phone Number: Cell \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

CityStateZIP

Emergency Contact and Number: \_\_\_\_\_

Please list any experience with horses and riding: \_\_\_\_\_

**MEDICAL INFORMATION FORM**

Pertinent Health Information:

Activity Modifications..... Y/N

Allergic to foods..... Y/N

Allergic to Bee Stings..... Y/N

Asthma..... Y/N

Currently on Medication..... Y/N

Diet Modifications..... Y/N

Heat problems..... Y/N

Medicine Allergies..... Y/N

Seizures..... Y/N

Diabetic..... Y/N

If "yes" to any of the above, please explain \_\_\_\_\_

Does your child have any medical condition that may affect daily activities or horseback riding?

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Emergency Authorization:** By signing this form, I hereby give permission to the physician selected by the camp directors to secure proper treatment for my child, in the event that I cannot be reached. I further submit that all of the information on this form is correct, to the best of my knowledge. My child has permission to participate in all camp activities except for those noted above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*How did you find out about us?*

\_\_\_\_\_ *Word of mouth* \_\_\_\_\_ *Facebook* \_\_\_\_\_ *Instagram* \_\_\_\_\_ *Kids Camp Directory*

\_\_\_\_\_ *Magazine (Please specify)* \_\_\_\_\_ *Friends (please specify)* \_\_\_\_\_ *Other (specify)*

### **Equestrian Activity Liability Agreement and Risk Acknowledgement**

1. Parties. The parties to this document are Lakeside Stables, Inc, (hereinafter Lakeside Stables,") and \_\_\_\_\_ (hereinafter "Equestrian") (and if Equestrian is under 18 years of age), (hereinafter "Parent").

2. Apportionment of Liability. In consideration of Equestrian being allowed to use Lakeside Stables services or facilities, or be present on property used for its activities, Equestrian and/or Parent hereby holds harmless and releases Lakeside Stables, its managers, members, agents, employees, officers, directors, representatives, assigns, affiliated organizations, insurers, third party owners of horses and others acting on Lakeside Stables behalf from all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, and even if due to negligence and/or other equestrians' acts or omissions. Equestrian and/or Parent hereby agrees to waive all rights which may otherwise arise from an injury to Equestrian and shall not bring any claims, demands, legal actions or causes of action, against Lakeside Stables, those persons described above, or any person or entity, for any economic or non-economic losses due to bodily injury, death, or property damage arising out of the activities of Lakeside Stables or Equestrian's presence on Lakeside Stables property. Equestrian and/or Parent acknowledges that Lakeside Stables may from time to time, permit Equestrian to ride horses that may be owned by or leased from third parties. Equestrian and/or Parent hereby agrees that the Release and Waiver in Section 2 and all other terms contained in this Liability Agreement shall inure to the benefit of such third party owner.

3. Indemnity. Equestrian and/or Parent agrees to be responsible for any and all damages, injuries, or loss of life to or caused by Equestrian or a horse in the care, custody and control of

Equestrian, and to indemnify Lakeside Stables and all parties described above, for any losses or expenses (including attorney fees) which they incur in connection with claims related to Equestrian.

4. Risks. According to the North American Horseman's Association, numerous obvious and non-obvious inherent risks are always present in horseback riding, despite all safety precautions. No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. If a horse is frightened or provoked it may divert from its training and act according to its natural instincts which may include, but are not limited to: stopping short, changing direction or speed at will, shifting its weight from side to side, bucking, rearing, biting, kicking or running from danger. These risks exist for any person around a horse, whether mounted or on the ground. Equestrian acknowledges these risks and state that she/he/ is not relying on Lakeside Stables to advise of all the risks.

5. Acknowledgement and Assumption of Risks. Equestrian acknowledges that she/he bears responsibility for her /his own safety and Equestrian should not participate in any equestrian activity

unless she/he is confident that she/he can do so safely. Participation in equine activities with or conducted by Lakeside Stables constitutes a knowing and voluntary assumption of all risks associated with equine activities involving Lakeside Stables. or being present on or using Lakeside Stables property (including but not limited to inherent risks and the risk of negligence by Lakeside Stables or others) which is a defense under North Carolina law to any claim for injury or damage, and a bar to recovery.

6. **Helmet Use.** Equestrian acknowledge that wearing a properly fitted and secured equestrian riding helmet which meets or exceeds the quality standards of the SEI Certified ASTM Standard F1163 while riding, mounting, dismounting and being near horses may reduce the severity of head injuries or prevent death occurring as the result of a fall or other occurrence. Lakeside Stables makes no representations as to the condition, effectiveness or suitability of any helmet it may allow Equestrian to use. All helmet related risks are assumed by Equestrian. Equestrian acknowledges that failure to follow Lakeside Stables rules or the directions of Lakeside Stables staff may put her/him/them at risk of, or increase the risk of, personal injury.

7. **Visitors.** Should Equestrian bring to Lakeside Stables any person who is not a party to an Equine Activity Liability Agreement with it, Equestrian agrees to educate them as to the risks of being around horses and horse operations, supervise them, be solely responsible for their safety, and to be financially responsible for any injury or loss caused by or suffered by any such person.

8. **Safety Rules.** Equestrian agrees to follow such rules for safety as are attached or are subsequently provided to her/him, or posted. Equestrian acknowledges that failure to follow safety rules or the directions of Lakeside Stables staff may put her/him at risk of, or increase the risk of, personal injury.

9. **Premises Inspection.** Equestrian has inspected the Lakeside Stables premises and facilities and/or have in some other way satisfied themselves that the condition of the premises and the facilities will provide an adequate and reasonable level of safety for Equestrian and any visitors she/he brings on the premises.

10. **Other Terms.** This document states the entire agreement between the parties as to liability and may not be changed, except in writing signed by the parties. The benefits to this agreement, including the release of legal liability, waiver of rights, and covenant not to sue are intended to benefit others, including officers, directors, shareholders, employees, and agents of Lakeside Stables This agreement shall be binding upon Lakeside Stables, Equestrian and Equestrian's heirs or estate, when signed by the parties. If any clause, phrase or word is in conflict with North Carolina law, then only that single part is null and void.

This agreement and acknowledgements shall remain in force until terminated by Equestrian through written notice to Lakeside Stables at the address above. The General Court of Justice Mecklenburg County, North Carolina shall be the exclusive venue for any litigation between Equestrian and the parties described above.

**WARNING**

Under North Carolina Law an equine activity sponsor or an equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes

Equestrian signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Lakeside Stables Inc.

By: \_\_\_\_\_ Date: \_\_\_\_\_



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info@lakesidestables.com

**CREDIT CARD PAYMENT AUTHORIZATION FORM**

*A 3.5% convenience fee will be applied to all credit/debit card transactions*

Cardholder Name as appears on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code (back of card 3 or 4 digits): \_\_\_\_\_

**By signing below, I authorize Lakeside Stables to charge the credit card listed above for all charges incurred. All information provided is treated as confidential.**

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Signature: \_\_\_\_\_