



Horseplay Farms LLC Camp Registration Form 2022

Child's Name: _____ Date _____

Nickname: _____ Date of Birth: _____ Age: _____

T-shirt Size YOUTH S M L XL ADULT S M L

Parent /Guardian: _____

Email Address: _____

Phone Number(s): _____

Mailing Address: _____

Emergency Contact: _____

Relationship to Child: _____

Phone Number(s): _____

Medical Contact

Doctor: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Allergies: _____

Misc. Notes _____

Available Session Dates: *Select the Camp Session to Register*

<input checked="" type="checkbox"/>	CAMP SESION DATES	AGE GROUP
	6/6 – 6/10	5 – 8 YEARS
	6/13 – 6/17	9 – 13 YEARS
	6/20 – 6/24	5 – 8 YEARS
	6/27 - 7/1	9 – 13 YEARS
	7/11 - 7/15	5 - 8 YEARS
	7/18 - 7/22	9 - 13 YEARS
	7/25 - 7/29	5 - 8 YEARS
	8/1 – 8/5	9 - 13 YEARS

Please list anyone who CAN pick up your child from Club:

Please list anyone who CANNOT pick up your child from Club:

We often take pictures during camp to use on our website. Please check this box if you **DO NOT** want us to use pictures of your child.

Riding ability/Experience

None Beginner Intermediate Advanced

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____



HORSEPLAY FARMS
KNOWLEDGE OF RISK, ACCEPTANCE OF RESPONSIBILITY, RELEASE OF LIABILITY

This release is valid in a court of law.

I, _____, (parent of _____) hereby affirm that I am aware of the inherent hazards of horseback riding and other farm-related activities. I understand and agree that Our Heroes, Inc. may not be held liable or responsible in any way for injury, death, or other damages to me or my family or my property, heirs, or assigns that may occur as a result of my participation in this farm-related activity or as a result of the negligence of any party, whether active or passive.

___ In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with said activity, for any harm, injury, or damage that may befall me or my property while so engaged, including all risks connected therewith, whether foreseen or unforeseen. I understand that if an injury does occur that only my own personal health insurance or other insurance will be involved in a claim.

___ I further release and hold harmless said activity, equine owner, and Our Heroes, Inc. from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in this activity, including both claims arising during the activity and/or before or afterwards.

___ I also understand that horse-related activities may be physically strenuous and that I may be exerting myself during this activity. I further understand that horses, dogs, cats, wildlife and nature itself may behave in unpredictable and potentially dangerous ways. I expressly assume the risk of injuries resultant from my participation in these activities and I will not hold responsible Our Heroes, Inc. in any way. I further state that I am of lawful age and am legally competent to sign this liability release.

___ I understand that the terms and conditions of this release are contractual and not a mere recital, and that I have signed this document of my own free act.

NORTH CAROLINA EQUINE LIABILITY LAW Under North Carolina Law, an equine activity sponsor or 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 Statutes

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

PHOTO RELEASE

___ I understand that photographs and/or videos may be made during equine/farm activities and give consent for use in social media forums for Our Heroes, Inc and/or Horseplay Farms, LLC.

Printed Name of Rider: _____

Signature: _____ Date: _____

Printed Name of Parent/Guardian (if under 18): _____

Signature of Parent/Guardian (if under 18): _____ Date: _____