



## Summer Horsemanship Camps

*We are conveniently located on River Road in Chesterfield, just 15 minutes from Brandermill, Woodlake, and Colonial Heights.*



### *Summer Horsemanship Camps*

*Week-long summer day camps for riders age 6 and up. Teaching horsemanship with an emphasis on safety, teamwork, sportsmanship and FUN! Your child will learn the safety zones of a horse, how to recognize different breeds and colors, and gain the confidence to ride freely in the ring. Plus crafts, games, and much more!*

*June 21-25*

*July 12-16*

*July 19-23*

*\* All camps run from 8:00 am – 12:00 pm Monday thru Friday. Drinks and snacks should be supplied by the participants. Snack and drink machines are also located on the premises. A fun Friday Horse Show showcasing the camper's newly learned skills will be held on each Friday at 10 am. Family and friends are encouraged to attend this mini horse show to cheer on all the campers! Campers must wear long pants and a close-toed shoe or boot with 1" heel.*

*\* Camp is \$250 per week, minimum 6 campers per week.*

- All payments are due with your complete registration form, two weeks prior to the camp dates.*

*If you have any questions please contact us at:*

*info @campbellspringsfarm.com*

*12830 River Rd. Chesterfield, VA 23838*

*804-590-3400*

# Summer Camp Registration Form

Student name \_\_\_\_\_ Today's date \_\_\_\_\_

Age \_\_\_\_\_

How many times have you ridden before? \_\_\_\_\_

Do you take regular riding lessons? \_\_\_\_\_ Where? \_\_\_\_\_

How often? \_\_\_\_\_

Can you trot? \_\_\_\_\_ Canter? \_\_\_\_\_ Jump? \_\_\_\_\_ How high? \_\_\_\_\_

- Please indicate below which week you prefer by circling the date.

## Camps for all ages.

June 21-25   July 12-16   July 19-23

- Please indicate which week is your second choice \_\_\_\_\_
- Our camps fill up fast so we need a first and second choice.
- We will call you to confirm the dates and that we received your complete registration information.

Please list anyone else authorized to pick up your child from camp? \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

2nd Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to student \_\_\_\_\_

- Camp is \$250 per week. We accept cash, check, and credit cards.
- Please return your payment and completed forms two weeks prior to the camp dates.
- Make checks payable to Campbell Springs Farm and mail to:

12830 River Rd., Chesterfield, VA 23838.

Or fax to 804-590-3495

# Student Health Form

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Please list any allergies (food, medicine, or other) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Please list all medications you need to take during camp, dosage, what time you take them, how often, and for what illness/condition (include inhalers and pain medications)

*PLEASE NOTE: Any child having allergic reactions in the past requiring the use of epinephrine or steroids must consult with their physician to determine whether an emergency epinephrine kit should be available at all times.*

*Please circle any of the following that may apply to your child.*

1. *History of heart problems.*
2. *Elevated blood pressure.*
3. *Any chronic illness or condition.*
4. *Difficulty with physical exercise.*
5. *Advice from physician not to exercise.*
6. *Surgery in the last twelve months.*
7. *History of breathing or lung problems.*
8. *Muscle, joint or back disorder, or any previous illness injury still affecting you.*
9. *Diabetes or thyroid condition.*
10. *Loss of consciousness.*
11. *History of seizures or epilepsy.*
12. *Any known allergies.*
13. *Any condition requiring ongoing medical supervision.*

Comments \_\_\_\_\_



## *Acknowledgement of Risks, Assumption of Risk and Responsibility, and Release of Liability*

**ACKNOWLEDGEMENT OF RISKS:** I realize that there is an inherent danger in the use of any saddle animal and that travel with or upon a saddle animal may involve hazards including, but not limited to, uneven or unstable ground or road surfaces, trees, branches, rocks, stones, gravel, mud, water, and/or objects on the ground or roadway; that weather can create slippery conditions associated with fog drip, rain, sleet, ice and snow; that motor vehicles, other horses and riders, equipment failure, my ability to control or direct an animal, and the speed at which I proceed can pose a dangerous risk to my safety; that movement, noise, and contact with objects may frighten or cause an animal to move unpredictably and with force; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; and that no warranty of any kind, express or implied, is being made as to the habits, disposition, suitability, nature or physical condition of any animal. I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers and hazards of the activity; that wearing a helmet is a basic precaution; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures. I further realize that the propensity of an equine to behave in dangerous ways may result in injury to the participant; the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and hazards of surface or subsurface conditions.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the equestrian activity, which I and any minor children for which I am responsible, will engage in, including approaching, handling, mounting, riding and dismounting a saddle animal, I confirm that I am (we are) physically and mentally capable of participating in the activity and using the equipment. I/We acknowledge that if, during the equestrian activity, I/we experience fatigue, chill and/or dizziness, my/our reaction time may be diminished and the risk of any accident increased. I/We participate willingly and voluntarily and I/we assume full responsibility for personal injury, accidents and illness, including death. I assume full responsibility for damage to or loss of personal property as the result of any accident from equestrian or any other activities that may occur. I assume the full responsibility for any property damage caused by myself, my guests, friends, family, my horse or anyone accompanying me on the premises of Campbell Springs Farm, of personal injury, accidents and/or illness of bodily harm whatsoever (including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration; head, neck and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, and/or death) that may result from equestrian or any other activities. Further, I understand the risks of entering the farm to myself, my guests, any minor children for which I am responsible, and any and all personal property on the farm. I/We enter the farm willingly and voluntarily and I/we assume full responsibility for personal injury, accidents and illness, including death. I assume full responsibility for damage to or loss of personal property as the result of any accident whatsoever that may occur.

I expressly hold harmless Campbell Springs Farm and owner, Wayne Campbell and family, all instructors, trainers, employees, consultants, staff, volunteers, and barn care team members of Campbell Springs Farm, for any liability whatsoever that may result from

equestrian or other activities while on the premises of Campbell Springs Farm, either to myself, my guests, friends, family, anyone accompanying me on the

premises, my personal property, or my horse. I further hold harmless any property owner in the proximity of Campbell Springs Farm for all liability whatsoever, related to any activity that originated from Campbell Springs Farm either to myself, my guests, friends, family, anyone accompanying me on the premises, or my horse.

COVENANT OF GOOD FAITH: I recognize that you, as a provider of goods and/or services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity or employment due to forces of nature, medical necessities or other problems; and/or terminate the participation or employment of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity or working at/for the farm. I accept your right to take such actions for the safety of myself, other participants and/or my horse.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in equestrian or any other activities. I either have appropriate insurance or, in its absence, agree to pay all cost of rescue and/or medical services as may be incurred on my/our behalf.

RELEASE: In consideration of services or property provided, I, for myself, guests, and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: Campbell Springs Farm - Wayne Campbell and family, all instructors, trainers, staff, consultants, assistants, and barn care team members of Campbell Springs Farm, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever.

WARNING: Under the Code of Virginia (Title 3.1, Chapter 27.5, & 3.1-796.130-133), equine activity sponsors and equine professionals are not liable for injury to or death of a participant arising out of riding, training, driving, grooming or riding as a passenger upon an equine, including rides, trips, and hunts however informal or impromptu and whether or not a fee is paid to participate in the activity.

WARNING: Liability actions prohibited except as provided in 3.1-796.133, an equine activity sponsor or equine professional shall not be liable for an injury to or death of a participant engaged in an equine activity.

WARNING: Entering the farm is in itself a dangerous activity due to the presence of farm equipment, animals, weather hazards, and natural and artificial obstacles such as potholes and logs. By signing this form, you acknowledge that you understand all risks involved in equine activities and/or being on the farm, whether participating, watching, or just entering the farm. Further you expressly assume liability for any injury or damage that may occur for any reason whatsoever.

I HAVE READ THE FOREGOING ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK, AND RESPONSIBILITY AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE FORM IN ENTIRETY

What activity are you here for?  XC Course  Lessons  Clinic/Show  Boarding  
(Please check one. )  Summer Camps  Other \_\_\_\_\_

Please state the name of the Clinic/Event \_\_\_\_\_

Student's Name \_\_\_\_\_

Name of Parent or Legal Guardian (if a minor) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Anyone under 18 years of age must have this signed by a Legal Guardian or Parent.