



New Student Registration

Date _____

Contact information

Student Name _____ Date of Birth (if a minor) _____

Parent's Name (if student is a minor) _____ Phone # _____

Address _____

Email address _____ (you will be added to our e-mailing list and we will use email to contact you about farm events)

Riding information

(So we can pair you with the proper horse or pony) Height _____ Weight _____

How many times have you ridden before? _____ English or Western? _____

Do you take regular riding lessons? _____ How often? _____

Can you trot? _____ Canter? _____ Jump? _____

Do you prefer a private or group lesson? _____ Preferred day/time: _____

Or, if you already have an established lesson time, when is it? _____

How did you hear about our lesson program?

Payment

Payment can be made by check, cash, or credit card on or before the day of the lesson. Checks should be made out to Campbell Springs Farm. Please enclose payments in an envelope and deposit in the payment box in the barn.

At your option, you may elect to pay with a credit card. Simply fill out the information here and we will keep this on file; your information will be kept secure and confidential. Your card will only be charged when you call in to authorize a specific charge. Just call the office between 9:00am and 3:00pm Monday through Friday and let us know the date of the lesson and the amount you would like charged to your card.

Credit card number _____

MC or VISA _____ Exp. date _____ 3-digit code on back _____

Secondary contact

Please list anyone else authorized to supervise or transport your child for the purpose of taking lessons at Campbell Springs Farm: _____

2nd Emergency Contact Person _____ Phone # _____

Relationship to student _____

Welcome to Campbell Springs!

Student Health Form

Date _____

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 # _____

What medications are you currently taking? _____

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 here) _____

PLEASE NOTE: Anyone 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 your child experiences:

History of heart problems.

Elevated blood pressure.

Any chronic illness or condition.

Difficulty with physical exercise.

Advice from physician not to exercise.

Surgery in the last twelve months.

History of breathing or lung problems.

Muscle, joint or back disorder, or any previous illness injury still affecting you.

Diabetes or thyroid condition.

Loss of consciousness.

History of seizures or epilepsy.

Any known allergies.

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 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
(Please check one.) Other _____

*Please state the name of the Clinic/Show _____

Student's Name _____

Name of Parent or Legal Guardian (if a minor) _____

Signature _____ Date _____

7/23/08