



at Obligation Farm 4020 Solomons Island Rd Harwood, MD 20776
www.enticementstables.com or enticementstables@msn.com

2026 Kid's Equestrian Camps

We offer small private groups to teach the children equestrian skills in a fun family atmosphere. We teach the children every aspect of horsemanship from riding to the total care of the horse. We also offer some non-equestrian activities for the children's total enjoyment. Our camps are certified by the State of Maryland. For children ages 5 - 7 we offer a 1/2-day camp. All our camps are for beginners to intermediate level.

On Friday during summer camp, we will hold demonstrations for the kids to show off their new skills. These will be held at 11am for ½ day kids and between 1:30pm – 2:30pm for full day kids. Parents, guardians, family and friends are encouraged to attend.

Camp fees:

\$500. per week full day camp 8:30am- 3:30pm

\$350. per week 1/2-day camp 8:30am-noon.

\$100 per week after care 3:30pm – 4:30pm

Camp Dates for 2026-

June 29th – July 3rd (All Levels)

July 13th – 17th (All Levels)

July 20th – 24th (All Levels)

August 3rd – 7th (All Levels)

August 17th – 21st (All Levels)

General info: Riding attire is long pants or chaps and boots or hard sole shoes with a heel. We suggest you bring your own helmet. Please bring shorts, tennis shoes (no flip flops or sandals) or comfortable clothes when not riding. Our other activities may include painting so wear old clothes. Other things to bring - Lunch, lots of drinks/water, hat & sunscreen.

En-Tice-Ment Stables Camp Enrollment Form

Only Accepted with full payment

P.O. Box 163, Harwood, MD 20776

enticementstables@msn.com

Pg 1 of 4

Camper's Name: _____

Age (at camp): _____ Height: _____ Weight: _____ Male or Female

Parent's/Guardian's Name: _____

Address: _____

Phone home: _____ work: _____

Cell: _____ other: _____

Email _____ 2nd Email _____

Emergency Contacts if parents cannot be reached:

Allergy: _____

Camp Date Request: _____ After Care Yes__ or No__

Shirt Size for Crafts: _____

Other information we should know: _____

Location- Obligation Farm 4020 Solomons Island Road, Harwood, MD 20776. Requests are done on a first come first serve basis with full payment. Forms can be emailed to enticementstables@msn.com and payment made by venmo to @Deana-Tice or mail a check.

Those wanting Multiple camp weeks can apply for more than 1 after April 15th due to space limitations.

Camper's Level of experience with horses: _____

If you are going to bring your own horse, please send a copy of a negative coggins and shot records. Please fill in the following:

Horse or Pony Name _____ Age: _____

Feed requirements: _____ Field requirements: _____

En-Tice-Ment Stables Camp Enrollment Form

Pg 2 of 4

Health Information:

Child's Name: _____

The following information is required for a camper to be admitted to camp:

Immunization information

For campers who reside within the United States, a United States Territory, or the District of Columbia:

1. State/territory in which child resides: _____
2. Is this child exempt from any immunizations? () No () Yes, List them. _____

For campers who reside outside the United States, a United States Territory, or the District of Columbia:

1. Country in which child resides: _____
2. Attach Department form DHMH-896

Health information:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?? () No () Yes, Explain _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? () No () Yes, Explain _____

Physician's Name & phone number: _____

Payment and cancellation information:

Registration fee is full price of camp.

A cancellation before June 8th forfeits \$100. No refunds after June 8th.

En-Tice-Ment Stables LLC reserves the right to not accept a camper or allow a camper to stay if exposed to any contagious disease within two weeks prior of his/her stays at camp. No refund will be given if a child is sent home for either behavioral or medical reasons. If a departure need arises, parents/guardians or emergency contacts will be notified. Upon notification, the parent/guardian will be allowed a maximum time of two hours to remove their child from the camp property. General reasons for immediate dismissal include, but are not limited to any of the following: if a health situation puts another individual in jeopardy, if the camper needs special health attention, if a child has a temperature above 100 degrees, pink eye, ring worm, lice, strep throat, or any infectious situation; or if a child is defiant, uncooperative, and will not or cannot participate in the normal program. Campers sent home due to behavioral problems are not allowed to return. Campers sent home due to medical reasons can only return to camp with a doctor's release and must be able to participate in the normal camp program.

Cell phone use will be limited to lunch time only. If a cell phone is in use during camp the phone will be confiscated and put in the office till the end of the camp day.

I have read all the aforementioned information, and I agree to cooperate and adhere to these guidelines. To the best of my knowledge, the information given on these two pages is complete and accurate.

Signature of Parent/ Guardian _____ Date: _____

En-Tice-Ment Stables, LLC at Obligation Farm

PARTICIPANT AGREEMENT

Assumption of Risk, Waiver of Liability, and Indemnification Agreement

Assumption of Inherent Risks: I understand and assume the inherent risks involved in equine activities, which risks include, but are not limited to, bodily injury, physical harm and even death to horses, riders, and spectators from using, riding or being in close proximity to horses may occur in normal use. I acknowledge that the behavior of any animal is contingent to some extent upon the ability of the handler or rider. Further, I understand that "inherent risks of equine activities" shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to:

- the propensity of any equine to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to property in their vicinity;
- the unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- certain hazards such as surface and subsurface objects;
- collisions with other equines, animals, people and objects (fixed or otherwise);
- limited availability of emergency medical care; and
- the potential of a participant or spectator to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his/her ability.

Waiver of Liability: For the privilege of boarding, riding and/or working around equines at En-Tice-Ment Stables, LLC, today and on all future dates, I, on behalf of myself, my family members, my heirs, personal representatives, or assigns, do hereby agree to release, waive, and discharge En-Tice-Ment Stables, LLC (hereinafter "Stable"), its members, managers, employees, volunteers, and agents from any liability or responsibility for accident, damage, injury, or illness (bacterial or viral) to myself or any horse owned by me or any horse not owned by me but used by me, or to any family member, guest, or spectator accompanying me while on the premises owned by Chris Wilson d/b/a Obligation Farm (hereinafter, "Property Owner") and operated by Stable resulting from the inherent risks of equine activities or from the ordinary negligence (active or passive) of Stable or Property Owner.

AND that except in the event of Property Owner' or Stable's gross and willful negligence or fraud, I agree not to bring any claims, demands, actions and causes of action, and/or litigation, against Stable or Property Owner for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me in relation to the premises and operations of Stable, including while boarding, riding, handling, or otherwise being near horses owned by or in the care, custody and control of Stable.

Indemnification: I also agree to hold harmless, defend, and indemnify Stable and Property Owner (including, but not limited to, costs associated with defending a suit, judgment, courts costs, investigation costs, and reasonable attorney fees) from any and all claims of mine, my family members, my guests, or others arising from my injury or loss due to my participation as a boarder, rider, handler, or spectator.

I further agree to hold harmless, defend, and indemnify Stable and Property Owner against any and all claims of co-participants, rescuers, and others arising from my conduct in the course of my participation as a boarder, rider, handler, or spectator.

Acknowledgements, Assertions, and Agreements: I warrant that a full and fair disclosure of my equestrian handling and riding abilities have been made to Stable, its managers, employees, and agents. Further:

Health Status – I assert that I:

- Have fully disclosed to Stable any chronic conditions that could impair my ability to participate as a rider, handler, or spectator and have provided a doctor's release permitting my participation (if applicable).
- Do not have any undisclosed chronic physical or mental conditions that would contra-indicate participation in equine activities.
- Possess sufficient physical fitness and skill to enable safe participation with, on, and around equines.

Emergency Care – I authorize or agree that Stable:

- May administer emergency first aid, CPR, and use an AED (if available) when deemed necessary by Stable or by qualified emergency personnel.
- May secure emergency medical care or transportation (i.e., EMS) when deemed necessary by Stable or by qualified emergency personnel.
- May share my medical history with emergency medical personnel.
- And, further, I shall assume all costs of emergency medical care and transportation provided on my behalf.

Rules & Safety Equipment – I agree:

- To abide by the rules and regulations established by Stable.
- To wear an ASTM/SEI approved riding helmet at all times while mounted on the horse and warrant I understand the risk and danger of riding without a helmet.
- To wear appropriate footwear at all times while on the premises of Stable.
- To inform Stable immediately if I become aware of rider conduct or of equipment condition that presents a danger to my own person or others.

- That Stable will conduct all activities in good faith and may find it necessary to terminate my participation if it is determined that I am uncooperative or incapable of safely meeting the rigors of the activity. I accept Stable's right to take such actions for the safety of myself, other riders, and/or the horses.

Covenant not to Sue; Mediation; Venue; and Severability Clauses: I covenant not to sue Property Owner or Stable, or its members, managers, employees, and agents for any present or future claim arising directly or indirectly from my participation with equines at Oakland Ridge Farm. This includes claims resulting from the inherent risks of equine activities and the active or passive negligence of Stable or Property Owner.

This Agreement shall be construed and interpreted in accordance with the laws of the State of Maryland. Any action brought under this Agreement shall be brought within one (1) year of the incident or dispute giving rise to said claim. I further agree that *prior to litigation*, such incident or dispute shall first be mediated by a trained Mediator knowledgeable in equines and equine activities from a list acceptable to Stable. Costs of mediation shall be shared equally by the parties. In the event of litigation, the prevailing party shall be entitled to costs and fees associated with the litigation, including reasonable attorney fees and reimbursement of mediation fees. All mediation and legal actions shall be conducted in Anne Arundel County, Maryland.

I also expressly agree that this Participant Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Acknowledgement of Understanding: I understand this is a legal document and that I am signing this agreement freely and voluntarily. I understand I have the choice *not to participate* as a boarder, rider, handler, participant, or spectator at the facilities of Obligation Farm and, therefore, *not* sign this Agreement.

I have read this 2-page Participation Agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue Stable or Property Owner for injuries or death resulting from the inherent risks of equine activities or the active or passive negligence of Stable or Property Owner. I further acknowledge that I intend my signature to be a complete and unconditional release of all liability, including that due to ordinary negligence by Stable or Property Owner to the greatest extent allowed by the laws of Maryland.

Date

Signature (must be at least 18yrs of age to sign) *

If participant is a minor, print name of minor here

Printed Name of Signatory

Date of Birth of Minor Participant

Address

Name of Emergency Contact Person

City, State, Zip Code

Telephone of Emergency Contact Person

Telephone

* If participant is a minor (less than 18 years of age), the parental, guardian, or caregiver's signature indicates full understanding of the above terms and, as may be permitted by law, is waiving both the rights of the minor participant and the rights of the parent/guardian pursuant to this Agreement.

OFFICE USE:
 Received by: _____ En-Tice-Ment Stables, LLC at Obligation Farm
 Participant is:
 Boarder Rider / Student Camp Participant Spectator / Auditor Other

Sunscreen Permission Form

En-Tice-Ment Stables Camp

Dear Camp Parent and/or Legal Guardian,

En-Tice-ment stables treats your child's health and safety with utmost importance. Therefore, we recommend the following:

1. Apply sunscreen to your child every day before camp, as we have many outdoor activities that require children to have sunscreen applied.
2. Because it is important to reapply sunscreen throughout the day, we request that you keep one bottle of sunscreen to use (with your child's name on it) at camp.
3. Children should be able to apply the sunscreen on their own with little help from counselors.
4. Pursuant to State of Maryland regulations regarding sunscreen use at youth camps, please fill out the form below to indicate the type of sunscreen you are sending, and, if needed, to allow our counselors to assist your child apply sunscreen on areas of skin that are exposed to the sun.

Camper's Name	Sunscreen Brand	SPF	If sunscreen is not provided may we apply our camp sunscreen to your child? Write Yes or no below.	Does enticement staff need to assist your child in sunscreen application? Write yes or no below.

Parent/Legal Guardian's
Signature _____

Parent/Guardian's
Name _____

Date: _____

- Please bring this form on the first day of camp.



En-Tice-Ment Stables, LLC
PHOTOGRAPHIC RELEASE
Publications and Other Uses

I, _____, hereby give my permission and authority to En-Tice-Ment Stables, LLC for:

(a) the irrevocable and unrestricted right to use and re-use, publish and re-publish, and distribute the image or likeness of myself, or in which I may be included, in whole or in part, or any reproductions thereof, for art, illustration, editorial, trade, promotion, advertising, and any other purpose and in any manner and medium; and to alter the same without restriction.

(b) I also permit the use of any printed material in connection therewith.

(c) I hereby relinquish my right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

(d) I hereby release, discharge and agree to save harmless En-Tice-Ment Stables, LLC, the photographer, its heirs, legal representatives or assigns, and all persons functioning under En-Tice-Ment Stables, LLC's permission or authority, or those for whom he is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

(e) I hereby affirm that I am over the age of majority and have the right to contract in my own name. If the photograph includes images of any child for whom I am legally responsible, I hereby give my permission for the use of such minor child(ren)'s image.

(f) I hereby release En-Tice-Ment Stables, LLC and its legal representatives and assigns from all claims and liability relating to said photographs.

I have read the above authorization, release and agreement, prior to its execution. I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Name: _____

Address: _____

City, State/Zip: _____

Phone: _____

For Minor Individual: I represent that I am the parent legal guardian (check one) of the minor child, _____ I hereby consent to the foregoing on that person's behalf.

Date

Signature

MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES -If yes, see Section III below. <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
14a. PRESCRIBER'S SIGNATURE (<i>Parent/guardian cannot sign here</i>) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			14b. DATE

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. PRESCRIBER'S SIGNATURE <small>authorizing self-administration</small>	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE <small>authorizing self-administration</small>	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE