En-Tice-Ment Stables Camp Enrollment Form

Only Accepted with full payment

P.O. Box 163, Harwood, MD 20776

410-798-4980

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size for Crafts:\_\_\_\_\_\_\_\_\_

Other information we should know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Date Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location- Obligation Farm

Request are done on a first come first serve basis with full payment.

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 please fill in the following:

Horse or Pony Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Feed requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Field requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 notifications, 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.

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:\_\_\_\_\_\_\_

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**!READ THIS RELEASE CAREFULLY--IT AFFECTS YOUR IMPORTANT LEGAL RIGHTS!**

**RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT**

En-tice-ment Stables, LLC (hereinafter, “Operator”) and the undersigned person (hereinafter, “Participant,” which term shall include his/her self, survivors, spouse, family members, heirs, assigns, personal representatives, and successors in interest), agree as follows, in consideration for Operator allowing participant onto Operator’s premises at any time, today or in the future.

1. **Acknowledgement and Assumption of Risks**. Participant acknowledges that:

a. By signing this Release of Liability and Hold Harmless Agreement and by participating in any activity atEn-Tice-Ment Stables, LLC (the “Operator"), a Maryland limited liability company, P.O. Box 163, Harwood, MD 20776 (the “Premises”) **Participant expressly assumes any and all risks of injury, loss or death;**

b. Horses are animals with free will and movement that, by nature, react unpredictably to situations that may seem unthreatening to people, including but not limited to sounds, movements, and unfamiliar objects, persons or other animals; **react in ways that may result in injury, harm or** **death** to persons and/or damage to property on or around them, such as by **running, biting, kicking, jumping sideways, rearing up**, etc.; these reactions are dangerous in proximity with people, other animals, fences, trees, tools and other equipment and/or obstacles and may result in collisions with said people, animals, or objects; and **Participant acknowledges that such proximity is unavoidable in a farm environment;**

c. Riding, handling, or merely being in the presence of horses is **inherently dangerous** and subjects Participant to the **risk of serious bodily injury and/or death**, and both **horse and handler** (whether handler is riding, driving, grooming, leading, or otherwise interacting with a horse) can be and **often** **are injured or killed in normal, non-negligent use,** such as competition, riding, grooming, training, and other activities involving horse handling, and emergency medical services are not provided by Operator;

d. Other persons on the Premises might act in a way that contributes to injury to Participant or others, such as failing to maintain control over an equine or to act within his or her ability, and Participant is solely responsible for his/her own safety (or for the safety of Participant’s minor child) and for all decisions that he/she makes with regard to participating in activities at the Premises; and

e. T**o help protect against, or reduce the effects of, injuries, an approved safety helmet shall be worn at all times** while riding or interacting with a horse on the Premises, and that **failure to wear an approved safety helmet** at any time while riding or interacting with a horse on the Premises **shall be deemed contributory negligence** for purposes of Maryland law.

2. **Incident Report**. Within ten (10) days after any alleged act/omission on or allegedly involving Operator or the Premises which allegedly caused any loss to Participant, Participant shall file with Operator a written Incident Report detailing the alleged act/ omission and the injury or damage allegedly resulting therefrom. **Participant acknowledges that failure to comply with this provision prejudices Operator’s ability to investigate a claim, and acknowledges that, in so failing, Participant forever waives any and all rights/remedies that Participant otherwise might have had against Operator for any liability related to or arising from the alleged incident.**

3. **Release of Operator Liability**. **Participant hereby agrees,** for Participant and/or for Participant’s minor child,to **indemnify and hold harmless** En-Tice-Ment Stables, LLC; Deana Tice (which terms, in this paragraph, include their employees, officers, members, survivors, heirs, assigns, personal representatives, successors in interest, franchisees, subsidiaries, affiliates, directors, and agents), and **releases them forever from any liability**, including costs and attorney’s fees of defense therefrom, arising from or connected to any activity (including without limitation unsupervised riding or horse handling, lessons, volunteer work and/or chores with horses owned by En-Tice-Ment Stables, LLC; Deana Tice; by Participant; or by others), incident, accident, damage, injury, or illness, to Participant or Participant’s invitees, and to the property of any of them including theft of property from the Premises, including any liability arising from negligent acts or omissions of En-Tice-Ment Stables, LLC and/or Deana Tice,. This Release and Hold Harmless Agreement and does not apply to gross negligence or intentional wrongdoing by En-Tice-Ment Stables, LLC and/or Deana Tice. Participant hereby waives the protection afforded by any statute or law, in any jurisdiction, whose purpose, substance and/or effect is to provide that a general release shall not extend to risks or claims, material or otherwise, which the person giving the release does not know of or suspect to exist at the time of executing the release.

4. **Participant Liability.** Participant shall abide by all Operator’s rules, which are posted on the Premises and/or attached to the Boarding Agreement or Consignment Agreement, as applicable, and if using his/her own horse, shall carry full and complete insurance coverage on the horse, the Participant, and Participant’s personal property. Participant shall be personally liable for any dame or injury to Operator, the Premises, or other participants caused by Participant and/or Participant’s invitees.

5. **Legal Disputes**. Participant understands and agrees that any dispute arising from Participant’s activities at the Premises shall be resolved by **binding arbitration** under the rules of the American Arbitration Association and shall be governed by Maryland law.  **Participant understands that she/he may not sue in a court of law.**

6. **Miscellaneous**. This contract is non-assignable and non-transferable; is made and entered into in the State of Maryland, whose laws shall govern its interpretation and enforcement; and uses paragraph titles for convenience only and not as part of the substances of any paragraph. When Operator and Participant (and Participant’s parent or guardian, if Participant is a minor) sign this agreement it shall thenceforth be forever binding upon them.

**I have read, and I do understand, the above described risks and I voluntarily sign this Release on behalf of myself/my minor child listed below, intending to be legally bound.**

Print Participant Name (age 21 & over): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor’s (under 21) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Minor Address & Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Parent Parents’ Signatures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_