



779774 Con. 2 NCD
Georgian Bluffs, ON
NoH 2To
226-668-6764
www.hollowhillsequestrian.com

Day Camp Registration – Riding Camp 2022

Camper’s Name.....
Date of Birth d..... / m..... /y Sex

Address:.....
.....
.....

E-mail Address:.....
Telephone (*Residence*)
(*cell*) (*Other*).....

Please check the week you are attending:

- July 18th to July 22nd, 2022 9:00 am – 3:00 pm **\$400.00 + HST**
- August 8th to August 12th, 2022 9:00 am - 3:00 pm **\$400.00 + HST**

**** NOTE:** Each mailed application must be accompanied by a cheque for **\$100.00** and a postdated cheque for **\$352.00** dated for one week prior to the commencement of the selected session. Payment can also be made by E-transfer to:
tmbarfoot@icloud.com

CONDITIONS

1 All campers must be a minimum of six years of age. (Camp is geared to riders between the ages of six and fourteen years.)

_____ **Initial**

2 All campers must supply themselves with helmet, long pants, and flat soled boots with a low heel.

_____ **Initial**

4 All cancellations will result in a forfeiture of your deposit for each session.

_____ **Initial**

5 Sessions selected are a personal reservation, therefore no days missed may be made up, transferred or refunded.

_____ **Initial**

6 All campers must bring lunch, snacks and water/drinks

_____ **Initial**

5 All campers will dress appropriately for the weather bring sun block and sun hat and or rain gear

_____ **Initial**

7 The accompanying WAIVER OF LIABILITY and PICK-UP AUTHORIZATION FORM must be completed and signed by a parent or legal guardian.

_____ **Initial**

8 I consent for possible use of photos of my child on HHE Social Media platforms

YES _____ NO _____

_____ **Initial**

ALTERNATE EMERGENCY INFORMATION

Person to be contacted in an emergency:

(Relationship to camper).....

Telephone (Residence)

(Business) (cell)

INFORMATION SHEET

How did you hear about Hollow Hills Equestrian Centre?

.....
.....

Any previous riding experience: yes no

What type of previous riding experience? English Western Lessons

Pleasure Location:.....

When was the last time you were on a horse?

.....
.....

Any allergies, perceptual, or physical difficulties?

.....
.....

Is the camper on any medication?

.....
.....

INDICATE BELOW WHO WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD

I will be picking up my child from camp.

I have made arrangements for someone other than myself to pick up my child from camp.

This person's name is:

.....

They can be contacted at the following number(s):

Res:

Cell:
E-mail:

Parent/Guardian's Name:

Parent/Guardian's Signature:

Dated:

RELEASE AND WAIVER OF LIABILITY

I REQUEST permission for my child,
to participate in horseback riding and other activities at Hollow Hills Equestrian
Centre.

I FULLY UNDERSTAND AND ACKNOWLEDGE that there are inherent risks, dangers
and hazards associated with horseback riding, handling and grooming of horses and
other stable activities.

I ASSUME AND ACCEPT all risk of injury or loss to my child or damage to my property.

AS A CONDITION for my child being permitted to participate in these activities, for
my child, myself, guardians, and legal representatives, I agree not to bring any claim,
and waive, release and discharge Hollow Hills Equestrian Centre, including their
operators, its directors, officers, employees, agents, representatives or anyone
acting on their behalf, or guests, including any land owner, land holders or other
persons making property available to Hollow Hills Equestrian Centre, for any and all
claims or liability for injury or loss to my child, or any damage to my property or loss
of any kind whatsoever arising out of my child's participation in the activities at
Hollow Hills Equestrian Centre.

I ACKNOWLEDGE reading the above Release and Waiver of Liability, which I
UNDERSTAND. I FURTHER ACKNOWLEDGE receiving a copy or having access to this
Release and Waiver of Liability.

Signature of Parent / Legal Guardian

Name of Parent / Legal Guardian (Printed)

Child's Name

Dated