



## 2012 Lil Bits Riding Camp Registration Form

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ (age 6 and older) Boy/Girl (circle)  
 Parent's Name: \_\_\_\_\_ Mom's Day Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dad's Day Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Name and Number of Emergency Contact: \_\_\_\_\_  
 Tee-Shirt Size: **Adult:** \_\_\_Lg \_\_\_Med \_\_\_Sm **Youth:** \_\_\_Lg \_\_\_Med \_\_\_Sm **Other:** \_\_\_\_\_

### What to bring:

- **Lunch**, Snack and drink (especially water)
- Shorts, t-shirt to wear when not riding (optional)
- Raincoat (if needed)
- Full-length pants, boots or shoes with smooth sole and heel (for riding lesson)
- **Helmet (bike helmet is fine)**

Day campers will learn aspects of horse ownership including:

- English riding skills
- Stable routines, feeding, daily care of the horse
- Health care for the horse
- Tack and equipment, what's necessary, plus care and cleaning
- Grooming for a show and what Judges looks for
- Crafts and games

Sessions run Tuesday through Friday from 9am – 1pm. Each session will cover the above and include a private English Riding lesson daily with our Professional Trainer.

**Describe any previous riding:** \_\_\_\_\_

### Choose a session:

- ( ) June 26<sup>th</sup> – June 29<sup>th</sup>      ( ) July 10<sup>th</sup> – July 13<sup>th</sup>      ( ) July 17<sup>th</sup> – July 20<sup>th</sup>  
 ( ) July 24<sup>th</sup> – July 27<sup>th</sup>      ( ) July 31<sup>st</sup> – August 3<sup>rd</sup>      ( ) August 14<sup>th</sup> – August 17<sup>th</sup>  
 ( ) August 21<sup>st</sup> – August 24<sup>th</sup>

Cost for each session is \$285.00. A non-refundable down payment of \$100 is required with each registration, the remainder to be paid by the first day of camp. **Please make checks out to SHEC and return with your registration form**, by mail, to Sorrell Hill Equestrian Center, 6871 West Sorrell Hill Road, Warners, NY, 13164. For more information, please contact Brenda Peck at (315) 345-2189.

Paid \$ \_\_\_\_\_ on \_\_\_\_\_, 2011. Remaining balance of \$ \_\_\_\_\_

Each camper must also have a signed Liability Release on file in order to participate. Forms will be available on first day of camp    ( ) Release completed

**Any health/allergy concerns:** \_\_\_\_\_

Signature of Parent or Legal Guardian

Date

# Sorrell Hill Equestrian Center LLC.

6871 West Sorrell Hill Road  
Warners, NY 13164

## Riding Assumption of Risk Agreement and Liability Release

I, \_\_\_\_\_, (parents name if for a minor), here by acknowledge that I have willfully and voluntarily applied to participate in the activity of Horseback Riding and or Hunter and Huntseat Equitation Lessons at Sorrell Hill Equestrian Center LLC. I am fully aware of and acknowledge the dangers and perils that are peculiar and particular to this activity, including but not limited to falling from a horse, being stepped on or kicked by a horse, being pushed by a horse or pinned between a horse and another object. I am further aware that horses can be unpredictable and I am fully aware that their actions and reactions can and do cause injury. I hereby acknowledge that I am voluntarily participating in these activities with full knowledge of the dangers particular to this activity. I do hereby fully agree to solely accept any and all risk of accidental loss, serious bodily injury or death in association with any and all of these activities.

In consideration for my participation in any or all of the activities, use of facilities and or equipment, I hereby release from and agree that neither I nor my heirs, executors, guardians, or legal representatives and assigns, will make any claim against, attach the property of, sue or prosecute Sorrell Hill Equestrian Center LLC., or any of its officers, representatives, instructors or affiliates for any injury, damage, and or death resulting from my participation in any Horseback Riding, Jumping, Horsemanship and or related activities.

In addition I hereby release and discharge Sorrell Hill Equestrian Center LLC., any of its officers, representatives, instructors or affiliates from all actions, claims or demands that I, my heirs, executors, guardians, legal representatives, or assigns now have or may have for any injury, damage, or death resulting from my participation in Horseback Riding, and or Hunter and Huntseat Equitation and or any related activities.

**I have carefully and thoroughly read this agreement and I fully understand its content and consequence. I am also aware that this is a release of liability and a legal contract between myself and Sorrell Hill Equestrian Center LLC. and do sign it of my own free will.**

Name: \_\_\_\_\_

Name of minor: \_\_\_\_\_ Age: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Legal Guardian if for a minor)

Date: \_\_\_\_\_

TO

**Sorrell Hill Equestrian Center LLC.**

6871 West Sorrell Hill Road  
Warners, NY 13164

Participant Information

Participants Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If participant is a minor:

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address (If different): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address (If different): \_\_\_\_\_

Emergency and Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Medical or Allergy Information: \_\_\_\_\_

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_