



**Smoke Hollow Farm  
2018 Summer Camp**

July 16-20  
August 6-10

Tuesday through Saturday  
10 am - 3 pm

Horse Show at 1 pm on Saturday

Family and friends are encouraged to attend

\$425 per Session  
*(\$50 off to those who register before June 1st)*

\$825 for Both Sessions

\$100 deposit required

Early Drop-off or late pick-up is available for an extra fee



**Smoke Hollow Farm.**

247 Pittstown Rd, Pittstown, NJ

908-730-8389

info@smokehollow.com

**Registration**

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

Riders Age: \_\_\_\_\_

Sessions Attending: July 16 \_\_\_\_\_ August 6 \_\_\_\_\_

T-shirt Size: Child  S  M  L Adult  S  M  L

Please register at least two weeks prior to the session start to allow for T-shirt availability

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

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

*(Smoke Hollow Farm can not be responsible for administering any medications)*

Riders should bring: Plenty of water, a lunch, Riding clothes and Play clothes,



# Smoke Hollow Farm

## RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

By this agreement made and entered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_, who resides at \_\_\_\_\_

\_\_\_\_\_, hereinafter referred to as "I" and **Doreen Weston, t/a Smoke Hollow Farm**, 249 Pittstown Road, Pittstown, NJ 08867, hereinafter referred to as "THIS STABLE".

### IT IS HEREBY AGREED TO AS FOLLOWS:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at THIS STABLE, and that student will either ride his or her own horse, or school horses provided by THIS STABLE for instructional purposes.
2. That in the last two years has ridden horses (write student's name or names beside appropriate riding time.):
  - A. Less than 10 hours Student's Name(s) \_\_\_\_\_
  - B. 10 to 20 hours Student's Name(s) \_\_\_\_\_
  - C. 20 hours or more Student's Name(s) \_\_\_\_\_
3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3-1/2 to 5-1/2 feet. I understand these risks, and I voluntarily assume these risks and dangers.
4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE is not responsible for the results of the student's actions or inaction. The student further agrees not to abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to himself or others.
5. That I have been advised that students should purchase and wear a helmet or hard hat and to wear it in and around THIS STABLE so as to prevent horse related injuries.
6. LIABILITY RELEASE: That I understand that, except in the event of THIS STABLE's wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on THIS STABLE's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses incurred because of such bodily injury or property damage; and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, and sponsors of THIS STABLE and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.
7. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at THIS STABLE.
  - A. Name of Insurance Company is \_\_\_\_\_
  - B. Policy Number is \_\_\_\_\_
  - C. That I further understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.
8. That this agreement is entered into in The State of New Jersey and will be interpreted and enforced under the laws of that state.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT ON THIS DATE.

FULL NAME(s) OF STUDENT RIDER(s) IF UNDER AGE OR GUARDIANSHIP:

1. \_\_\_\_\_ AGE \_\_\_\_\_
2. \_\_\_\_\_ AGE \_\_\_\_\_
3. \_\_\_\_\_ AGE \_\_\_\_\_
4. \_\_\_\_\_ AGE \_\_\_\_\_

Listed on the reverse side are details of any allergies, ailments or handicaps a student may have, and of which THIS STABLE should be aware.

PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF RIDER \_\_\_\_\_ DATE \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

E-mail: \_\_\_\_\_

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. CHAPTER 287