



ECETC

East Coast Equestrian Training Center, Inc

A FULL SERVICE EQUESTRIAN FACILITY

Horse Camp Enrollment Forms

Camper's Information:

Camper's Name

Last, First Middle Initial - "Nickname" - Sex

Birth Date:

mm/dd/yy

Age

Home Phone

Address:

Number/Street - City/County - State - Zip

Phone #

Daytime – Evening - Cell

Email:

Emergency Contact:

Last, First, Middle Initial - Phone - Relationship

Parent's Information: (if camper is under age of 18)

Parents' Name:

Last, First Middle Initial

Address:

Number/Street - City/County - State - Zip

Phone #

Daytime – Evening - Cell

Email:

Please list authorized persons who are permitted to pick up your camper, if minor.

Select Session for 2011 Horse Camp

Session 1 July 18 – July 22 9am - 12pm

Session 2 Aug 1 - August 5 9am - 12pm

Order of session preference; _____

Note: If the following is not completed, this camper will be placed in a Beginner Rider Group.

Instructor's name (if known) _____

What is your level of riding? Beginner Intermediate Advanced Not Sure

If you would like to use your own horse, will you require boarding? Yes No ECETC Boarder



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ECETC Emergency Contact/Medical Information

The following must be completed in the event of medical attention is required.

Insurance Information (*a copy of health insurance card must be attached for verification.)

Family Physician/Phone: _____

Address/City/State/Zip: _____

Insured Name: _____ Employer: _____

Medical Insurance/Phone: _____

Group Name/Identification # _____

Address/City/State/Zip: _____

List any known allergies, medications or other medical concerns: _____

Authorization: I hereby authorize any medical treatment deemed necessary in the event of any injury while on ECETC premises. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I also give permission for Sharon Golesh, or her designee, to administer prescription medications as prescribed by a physician.

I have received, read and fully agree with the foregoing terms, conditions and responsibilities.

Signed and delivered this _____ day of _____, 2011

Camper or Parent/Guardian

Date (Printed)

Camper or Parent/Guardian (Signature)

(Must be signed on first day of camp)

East Coast Equestrian Training Center Inc. Date
Owner/Agent



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Parent's and Camper's Agreement

We, the undersigned camper or parent's/guardian's (if minor) of the prospective camper mentioned on the first page of this form, hereby apply to enroll this camper in EAST COAST EQUESTRIAN TRAINING CENTER, INC. (also known as ECETC). In doing so, we acknowledge that we have read and agree to the following conditions of enrollment:

- 1) It is understood and we agree that no refund or reduction of tuition will be made for the withdrawal of this/these camper(s), late arrival, or early departure, or should he/she be dismissed from camp due to misconduct, HOMESICKNESS, or for any other physical or behavioral problems. In the event of accident or illness, the camp and the parent, at the camp's sole discretion, may share in the unused fees (with exception of non-refundable deposit) at 50% each.
- 2) It is understood that the parent/guardians of campers enrolling in ECETC, are obligated to inform the camp at the time of this application, of any physical or behavioral problems the child has, which have required professional treatment, and it is understood that ECETC may decline to accept such child, or may revoke such acceptance, when it is apparent the child may not have a successful camp experience, or may cause other campers to not have a successful camp experience. I agree to remove my son/daughter upon notification if she exhibits emotional, behavioral or psychological conditions, which are disruptive to the camp program or harmful to him/her, without refund of fee.
- 3) While problems of the following nature are rare, our primary goal is to ensure that all campers have a positive camp experience; therefore, it is understood that a camper will be dismissed from camp, without refund, for reasons including; but not limited to the following: Use or possession of chemical substances, cigarettes, chewing tobacco, illegal drugs, persistent inappropriate language, conduct which is dangerous, illegal, or in the opinion of the ECETC owner and staff, detrimental to the camp and/or other campers.
- 4) It is understood that some activities, both listed and unlisted in the camp brochure may have increased risk of injury or death associated with them, including, but not limited to horseback riding, and we hereby release, and agree to indemnify and hold harmless, ECETC and all its officers, directors, employees, agents, and representatives whatsoever from any and all losses, claim, damages, liabilities, cost and expense (including, but not limited to attorney's fees) which they, or any of them, or camper may sustain or incur in any way arising out of or in conjunction with this camper's participation in any camp activities. It is also understood that such conditions also relate to acts of nature. We have read and understand the Release of Liability Form and indicated such by signature on that form.

Warning: Under the Code of Virginia (Title 3.1, Chapter 27.5 §3.1-796.130-133), equine activity sponsors and equine professionals are not liable for injury to or death of a participant arising out of riding, training, driving, grooming or riding as a passenger upon an equine; including rides, trips, and hunt however informal or impromptu and whether or not a fee is paid to participate in the activity.
- 5) ECETC reserves the right to refuse any camper.
- 6) It is understood that all questions with respect to the construction of this agreement and the rights and liabilities of the parties shall be determined in accordance with the applicable provisions of the laws of the Commonwealth of Virginia.
- 7) We agree that ECETC is not responsible for the loss or damage to a camper's personal belongings for any reason, and that ECETC strongly recommends that campers not bring items of value to camp.



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- 8) We agree that this/these camper(s) his/her parents, guardians, and relatives will abide by the rules and regulations of ECETC Horse Camp.
- 9) We understand that
 - a) The camp has the right to change, cancel, or substitute activities and programs at its discretion and no adjustment in tuition will be made,
 - b) There may be age or ability restrictions placed on some activities.
- 10) We hereby grant permission for ECETC photographer to use any photographs and/or videos of the camper taken during the camp session in newspapers, magazines, brochures, websites, or other media for promotional purposes.

I have received, read and fully agree with the foregoing terms, conditions and payment responsibilities.

Signed and delivered this _____ day of _____, 20_____.

Camper or Parent/Guardian (Printed)

Camper or Parent/Guardian (Signature)

East Coast Equestrian Training Center Inc. Date
Owner/Agent



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Warning: There are significant elements of risk in any adventure, sport or activity associated with saddle animals including but not limited to horses, mules and burros, (referred to herein as "activity"), and use of related equipment.

Acknowledgement of Risks: I realize that there is an inherent danger in the use of any saddle animal and that travel with or upon a saddle animal may involve hazards including, but not limited to uneven or unstable ground or road surfaces or sub-surfaces, trees branches, rocks, stones, gravel, mud, water, and/or objects on the ground or roadway; that weather can create slippery conditions associated with fog drip, rain, sleet, ice and snow; that motor vehicles, other horses and riders, equipments failure, my ability to control or direct an animal and the speed at which I proceed can pose a dangerous risk to my safety; that movement, noise, and contact with objects may frighten or cause an animal to move unpredictably with force; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; and that no warranty of any kind, express or implied, is being made as to the habits, disposition, suitability, nature or physical condition of any animal. I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers, and hazards of the activity; that wearing a helmet is a basic precaution; and that I should ask about other potential risks, dangers, and hazard and recommended precautions and procedures.

Express Assumption of Risk and Responsibility: In recognition of the inherent risks of the activity, which I and any minor children for which I am responsible, will engage in, including approaching, handling, mounting, riding and dismounting a saddle animal, I confirm that I am (we are) physically and mentally capable of participating in the activity and using the equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death. I assume all responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents and/or illness, including, but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, and/or death; and acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, my/our reaction time may be diminished and the risk of an accident, increased.

Covenant of good faith: I recognize that you, as provider of goods and/or services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or other problems; and/or refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

Authorization: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as maybe incurred on my/our behalf.

Release: In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: **East Coast Equestrian Training Center Inc.** its principals, directors, officers, agents, employees and volunteers and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

Warning: Under the Code of Virginia (Title 3.1, Chapter 27.5 §3.1-796.130-133), equine activity sponsors and equine professionals are not liable for injury to or death of a participant arising out of riding, training, driving, grooming or riding as a passenger upon an equine; including rides, trips, and hunt however informal or impromptu and whether or not a fee is paid to participate in the activity.

I have read the foregoing acknowledgement of risk, assumption of risk and responsibility, and release of liability; I understand that by signing this document I may be waiving valuable legal rights.

Name:

Address:

Phone: (Alternate Phone :)

Emergency Contact Person and Phone

Signature of Camper or Camper's Parent or Guardian (if Minor)

Date



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Payment Information:

All Camp Sessions are \$350. Non-refundable deposit of \$150 is due with the enrollment form. Please call for payment plan. Any balance must be paid in full no later than 48 hours prior to start date of camp.

Checks and credit cards are accepted. There will be a \$35 return check fee, regardless of reason.

Person responsible for payment:

Card Holder Name:

Last, First Middle Initial

Address:

Number/Street - City/County - State - Zip

Phone #

Daytime – Evening - Cell

Type Credit Card: Master Card Visa

Card Number

Expiration Date:

Your signature as it appears on your card:

Please mail your enrollment form to:

ECETC Horse Camp
2508 West Landing Road
Virginia Beach, VA
23456