

“BLUE RIDGE” STABLES, INC.

***11483 CEDAR LANE, ASHLAND VA 23005
804-678-8585***

SUMMER CAMP APPLICATION 2014

NAME: _____

BIRTHDATE: _____ AGE: _____

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

HOME PHONE: _____

MOBILE PHONE: _____

EMAIL ADDRESS: _____

HEIGHT: _____ WEIGHT: _____

ANY HEALTH PROBLEMS OR ALLERGIES: _____

OUTLINE PREVIOUS RIDING EXPERIENCE: _____

RIDING STYLE PREFERENCE: _____

MEDICAL INSURANCE COMPANY: _____

MEDICAL POLICY NUMBER: _____

INCASE OF EMERGENCY PHONE NUMBER: _____

DO YOU GIVE “BLUERIDGE” STABLES CONSENT TO SEEK MEDICAL TREATMENT
FOR YOUR CHILD IF YOU CAN NOT BE REACHED.

YES/NO: _____ INITIALS: _____

PLEASE CHECK DESIRED SESSION(S) AND ENCLOSE A \$100.00 DEPOSIT.
PAYABLE BY CHECK OR CREDIT CARD.

CAMPS-

_____SESSION 1: Dates Coming Soon; (CLOSING DATE TO SIGN UP TBD)

_____SESSION 2: Dates Coming Soon; (CLOSING DATE TO SIGN UP TBD)

_____SESSION 3: Dates Coming Soon; (CLOSING DATE TO SIGN UP TBD)

_____SESSION 4: Dates Coming Soon; (CLOSING DATE TO SIGN UP TBD)

CLOSING DATE FOR EACH CAMP IS 2 WEEKS PRIOR TO START DATE SO WE
MAY ORGANIZE EACH CAMP. NO REFUNDS AFTER CLOSING DATE AND
BALANCE IS DUE ON FIRST DAY OF CAMP.

I UNDERSTAND HORSES ARE UNPREDICABLE AND POTENTIALY DANGEROUS IN
GENERAL. I UNDERSTAND THE USE, HANDLING, AND RIDING OF A HORSE ALWAYS
INVOLVES RISK OF BODILY INJURY TO ANYONE WHO HANDLES OR RIDES HORSES, AS
WELL AS THE RISK OF DAMAGES TO THE PROPERTY OF OTHERS. I UNDERSTAND THAT
ANY HORSE, IRRESPECTIVE OF ITS TRAINING AND USUAL PAST BEHAVIOR AND
CHARACTERISTICS, MAY ACT OR REACT UNPREDICABLY AT TIMES, BASED UPON
INSTINCT OR FRIGHT, WHICH LIKEWISE IS AN INHERANT RISK ASSUMED BY ONE WHO
HANDLES OR RIDES HORSES. I EXPRESSILY ASSUME SUCH RISK AND HEREBY WAIVE
ANY CLAIMS THAT I MIGHT HAVE AGAINST "BLUE RIDGE" STABLES, INC., ITS TEACHERS,
AND TRAINERS, ON BEHALF OF THE ABOVE MENTIONED CAMPER OR MYSELF. I AGREE TO
PAY ALL DOCTOR OR HOSPITAL FEE'S IF MY CHILD IS INJURED WHILE AT "BLUE RIDGE"
STABLES.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____