

REGISTRATION FORM - Twin Oaks 2019 Camp Program

Please fill out this form, enclose check payable to Mackenzie Parks or Twin Oaks and send to:

Twin Oaks Riding Academy, 40736 Red Hill Road, Leesburg, VA 20175

(Note: this is a mailing address only, and not the address of the camp; see the web site for the camp location)

I would like to register for the following camp(s):

Check Here	Camp	Ages	Cost	Date
	Saturday Young Rider Camp	5 - 12	\$45	March 16, 2019, 2:30pm - 4:30pm
	Saturday Young Rider Camp	5 - 12	\$45	March 23, 2019, 2:30pm - 4:30pm
	Saturday Young Rider Camp	5 - 12	\$45	April 13, 2019, 2:30pm - 4:30pm
	Spring Break Young Rider Camp	5 - 12	\$199	April 15 – April 19, 2019, 9 – 11am
	Saturday Young Rider Camp	5 - 12	\$45	April 27, 2019, 2:30pm - 4:30pm
	Saturday Young Rider Camp	5 - 12	\$45	May 11, 2019, 2:30pm – 4:30pm
	Saturday Young Rider Camp	5 - 12	\$45	May 18, 2019, 2:30pm – 4:30pm
	Saturday Young Rider Camp	5 - 12	\$45	June 1, 2019, 2:30pm – 4:30pm
	Saturday Young Rider Camp	5 - 12	\$45	June 8, 2019, 2:30pm – 4:30pm
	Summer Young Rider Camp	5 - 12	\$199	June 10 – June 14, 2019
	Summer Young Rider Camp	5 - 12	\$199	June 17 – June 22, 2019
	Summer Young Rider Camp	5 - 12	\$199	June 24 – June 28, 2019
	Summer Young Rider Camp	5 - 12	\$199	July 8 – July 13, 2019
	Equestrian Camp	9 – 14	\$350	July 15 – July 19, 2019, 9-12pm
	Summer Young Rider Camp	5 – 12	\$199	July 22 – July 26, 2019
	Summer Young Rider Camp	5 – 12	\$199	July 29 – August 2, 2019
	Field Trip Camp	9 – 14	\$400	August 5 – August 9, 2019
	Summer Young Rider Camp	5 – 12	\$199	August 12 – August 16, 2019
	Summer Young Rider Camp	5 - 12	\$199	August 19 – August 23, 2019
	Summer Young Rider Camp (Partial Week, includes Lunch with Horses)	5 - 12	\$180	August 19 – August 21, 2019
	Add Lunch with the Horses to stay until 12:00pm each day		\$99	Summer and Spring Break Camps Only

Name		Age	Birth date (month/day/year)
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Address		City/State	Zip
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School	Grade	Email Address (for confirmation of your registration)
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Home Phone	Mom's name and work phone/cell phone	Dad's name and work phone/cell phone
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In case of emergency and neither Mother nor Father can be reached, whom should we notify?:

Name	Phone	Relationship
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Prefred Dotor/Phone	Prefred Hospital/Phone
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Medical Information: Please list any and all physical handicaps, emotional or physical problems, chronic ailments or allergies, including any medications associated with disorders affecting attention span, and/or behavior, alertness or motor skills.

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Release of Liability, State of Virginia, County of Loudoun

I (we) the undersigned student, parent, or legal guardian of a student of the Twin Oaks Riding Academy (hereinafter referred to as "Twin Oaks"), for and in consideration of my child, or a student for whom I have been granted legal custody, hereby voluntarily and knowingly execute this Release with the express intention of effecting the extinguishments of, and complete release from any and all claims, actions, demands or rights to monetary judgment arising from any and all injury or physical or emotional or mental harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward, in the various programs of instruction, practice, clinics, open riding, camps and physical activity or from observing the activities associated with the study of English riding or horsemanship and related activities conducted by Twin Oaks and its owners and any of Twin Oaks' employees. I hereby agree to hold Twin Oaks Riding Academy, Mackenzie Parks, Twin Oaks owners and employees, and Dancing Horse Stables, its employees and owners, Abby Khan, free from all damages or liability for any injury to the person or property arising out of the use of horses or equipment while riding at Twin Oaks or while attending or observing any horse shows, clinics, camps, or while performing chores, whether voluntarily or for compensation, or other horse related activities while on the premises of Twin Oaks Riding Academy or while away from Twin Oaks Riding Academy.

I agree to wear a regulation ASTM approved hard hat (helmet) at all times while mounted on a horse. I agree to assure that my minor child will wear a regulation ASTM approved hard hat (helmet) at all times while mounted on a horse.

I understand that the Twin Oaks Riding Academy and its employees make no warranty as to Twin Oaks or its employees, contractors and instructors' ability to provide training or other protection against riding related accidents, injuries, including repetitive stress injuries, emotional distress or death as a result of participation at Twin Oaks.

I recognize that riding a horse is a dangerous sport and I acknowledge that I have read and understand the foregoing warnings and disclosures.

This waiver gives notice to the participant of the risks inherent in equine activities, including (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movement, persons, or animals; and (iii) hazards of surface or subsurface conditions.

Executed by: _____
Signature

Date