



Vintage Valley Sporthorses LLC

Summer Horseback Riding Camp

ENROLLMENT FORM

STUDENT'S NAME: (Last) _____ (first) _____ (DOB) _____.

PARENT/GUARDIAN

Name(s) _____ Relationship to Student: _____.

Address _____ City, State _____.

Zip _____ Email: _____.

Home Phone _____ Cell _____ Work _____.

EMERGENCY CONTACT INFORMATION

Contact 1: _____ Relationship: _____.

Phone: Hm: _____ Cell: _____ Wk: _____.

Contact 2: _____ Relationship: _____.

Phone: Hm: _____ Cell: _____ Wk: _____.

Physician: _____ Phone: _____.

Health Insurance Company: _____ Policy:# _____.

Allergies or Special Medical Instructions: _____

Emergency Care Authorization Signature: _____.

I understand that horseback riding is a high-risk sport. I hereby release and hold harmless the instructors, trainers, employees, and owners of Vintage Valley Sporthorses LLC and BW Farm LLC from all liability from accidents, damage, injury, or illness to horses, owners' employees, attendants, spectators, or any other persons or property- **WARNING:** Under Virginia law, an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Both parents / guardians MUST sign this release form:

Signature: _____ Date: _____

Signature: _____ Date: _____

Witness: _____

Print name: _____



Vintage Valley Sporthorses LLC

Summer Horseback Riding Camp
Medical information and release

CAMPER: _____

Camp Session Date: _____

PARENT/GUARDIAN INFORMATION EMERGENCY CARE AUTHORIZED: _____
Name(s) _____ **Relationship to Camper:** _____
Address _____ **City, State** _____
Zip _____ **Email:** _____
Home Phone _____ **Cell** _____ **Work** _____

EMERGENCY CONTACT:

Contact 1: _____ Phone: _____
Contact 2: _____ Phone: _____

PHYSICIAN AND MEDICAL INFORMATION

Physician: _____ Phone: _____
Health Insurance Provider: _____ Policy: _____
Allergies or Special Medical Instructions: _____

