



Vintage Valley Sporthorses LLC

Summer Equestrian Camp

Enrollment Forms

STUDENT'S NAME

(Last) _____ (first) _____.

(DOB) _____ . Camp Date(s) _____ to _____.

Tee Shirt: Women's or Unisex (circle) Size: _____.

PARENT/GUARDIAN

Name(s) _____.

Relationship to Student: _____.

Address _____.

City, State _____.

Zip _____.

Email: _____.

Cell Phone _____ . Work Phone _____.

Home Phone _____.

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: _____

_____.



Vintage Valley Sporthorses LLC

Medical/Emergency Treatment Consent

I, _____, hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care of my _____.
(relationship)(hereafter "dependent") - Full Name

I further give my consent to Vintage Valley Sporthorses Owners or Members, (hereafter known as VVS Team), who will be caring for my dependent for the period _____ through _____, to arrange for routine or emergency medical care and treatment necessary to preserve the health of my dependent. In the event that my dependent is injured while under the care of Vintage Valley Sporthorses LLC, Team, I hereby give permission to the VVS Team to provide first aid for said dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempt to contact me. However, if medical care becomes essential, I give permission to VVS Team to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on my behalf for the benefit of my dependent, I authorize the VVS Team to request, obtain, review and inspect any and all information bearing upon my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in connection with the care and treatment rendered to my dependent during this period.

_____ Signature of Legal Guardian	_____ Date
_____ Name	_____ Name of dependent
_____ Address	_____ Date of Birth
_____ Phone	_____ Allergies
_____ Health Insurance Carrier	_____ Date of last tetanus booster
_____ Health Insurance Policy # and Group #	_____ Current Medications
_____ Personal Care Physician	_____ Witness Signature
_____ Address	_____ Name
_____ Phone	_____ Date

Vintage Valley Sporthorses LLC

11198 Brent Town Road

Catlett, VA 20119

Assumption of Risk, Responsibility & Release of Liability

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 the 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, 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, motor vehicles, other horses, equipment failure, my ability to control or direct an animal, and the speed at which I cause an animal to move unpredictably and with force; that I may suffer accidents or illness in remote places made as to the habits, disposition, suitability, nature or physical condition of any animal. I realized that 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, hazards, 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, 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 accidents 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 spinal injuries; animal bite or attack, insect bites, 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 covenant of good faith and fair dealing, but that you may find 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 may be incurred on my/our behalf.

Release: In consideration of services or property provided, I, myself, and any minor children for whom I am parent, legal guardian, or otherwise responsible, and heirs, personal representatives or assigns, do hereby release. Vintage Valley Sporthorses LLC, Vintage Valley Farm and/or LLC, BW Farm LLC (including any successors, owner or owners or any assignee or successor in interest), its principals, directors, officers, shareholders agents, employees and volunteers, and each and every land owner, municipal, and/or governmental agency upon whose property and activity in conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

This agreement shall be binding upon spouse, my heirs, successors, executors, administrators, legal representatives, and me.

Warning: Under the Code of Virginia (Title 3.1, Chapter 27.1, Section 3.1-766, 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 hunts however informal or impromptu and whether or not a fee is paid to participate in the activity.

I HAVE READ THE FORGOING ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK, RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

Participant's Name(s)	DOB	Signature
_____	_____	_____

How would you consider yourself as a rider?

Beginner _____ Intermediate _____ Advanced _____ Date _____

Participant's Name(s)	DOB	Signature
_____	_____	_____

How would you consider yourself as a rider?

Beginner _____ Intermediate _____ Advanced _____

Date _____

If participant is under 18 years of age, the Parent or Legal Guardian must also sign:

Parent or Legal Guardian's Name

(Print Name) _____

Relationship _____

Signature: _____ Date: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Daytime/ Work Phone: _____

Email: _____

Would you like to be on our email list? Yes _____ No _____

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