

# Walnut Hill Farm

## Camp Registration Form

Weekly Tuition General Camp 1-7 <sup>th</sup> Grade:	<b>\$400.00</b>
Weekly Tuition General Camp 1-7 <sup>th</sup> Grade YMCA Members/Campers:	<b>\$300.00</b>
Two Week Tuition General Camp 1-7 <sup>th</sup> Grade:	<b>\$720.00</b>
Weekly Tuition Horsemanship Camp 8 <sup>th</sup> Grade & Up:	<b>\$450.00</b>
Weekly Tuition Horsemanship Camp 8 <sup>th</sup> Grade & Up YMCA Members/Campers:	<b>\$350.00</b>

**CAMP DATES:**            From: \_\_\_\_\_ To: \_\_\_\_\_

<b>Camper Name:</b>		<b>Emergency</b>	
<b>Address:</b>		Contact Name:	
<b>City:</b>		Phone:	
<b>State:</b>		Relationship:	
<b>Home Phone:</b>			
<b>Cell Phone:</b>			
<b>Age:</b>			
<b>Birth Date:</b>			
<b>Parent Name:</b>			
<b>Address:</b>			
<b>City</b>			
<b>State:</b>			
<b>Home Phone:</b>			
<b>Cell Phone:</b>			
<b>Relationship:</b>			

**REGISTRATION, TUITION AND CAMP POLICIES:**

A \$200.00 deposit is required to make a camp reservation. All camp deposits are non-refundable. All camps are subject to change or cancellation based upon enrollment. If a camp is cancelled due to lack of enrollment the deposit paid will be refunded. All tuition must be paid in full prior to the start date of the camp session. Once a camp session has started, all tuition paid is non-refundable. It is the responsibility of the camper and parent to bring any special needs or concerns (allergy, food, other) to the attention of the camp staff prior to the start of the camp session. All campers must submit a signed Health and Medication Form and an Instruction Agreement and Liability Waiver. We reserve the right to dismiss any camper, at any time, in our sole and absolute discretion, when we feel the camper's behavior is unacceptable.

**LIABILITY RELEASE:**

I/WE AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I the STUDENT/CAMPER, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, Walnut Hill Farm LLC, Walnut Street Farm LLC, their owners, agents, employees, officers, directors, members, managers, representatives, assigns, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of THIS STABLE'S gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, driving, training, handling, or otherwise being near horses owned by me or owned by THIS STABLE, or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE, but not limited to being on THIS STABLE'S premises.

**WARNING:** Under Massachusetts law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

**All Students and Parents or Legal Guardians must sign below after reading this entire document.**

**SIGNER STATEMENT OF AWARENESS**

I/WE, THE UNDERSIGNED, REPRESENT THAT I/WE HAVE READ AND DO UNDERSTAND THE FOREGOING POLICIES AND LIABILITY RELEASE. I/WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I/WE ATTEST THAT ALL FACTS HEREIN ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

\_\_\_\_\_  
**SIGNATURE OF STUDENT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT, GUARDIAN**

\_\_\_\_\_  
**DATE**