

AUTUMN OLIVE FARM

Syndi Pickney-Blunk
- CHA Certified Instructor -
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NAME _____ DOB _____

Address _____

Phone: Home _____ Cell _____

E-mail Address _____ Bringing a horse/pony? _____

Mother's Name _____ Phone/s _____

Father's Name _____ Phone/s _____

Emergency Contact _____ Relationship _____

Phone: Home _____ Cell _____

Allergies/illness _____

Physician & Phone # _____ Preferred Hospital _____

Riding Experience _____

Camp Session Choice (Name/Date/s) _____

2nd Camp Choice _____ 3rd Camp Choice _____

(Camp session may be cancelled if only one camper so please make a second or third choice in case this happens.)

TOTAL ALL-DAY WEEK CAMP FEE(s) _____ (Include \$50 non-refundable deposit if doing a one week non-daily-offered camp). Please write in any additional days on next line.

Please write in sessions or individual dates _____

PER DAY FEE(s) _____ Dates Attending _____

INTRODUCTORY SESSION FEE(s) if offered _____ (Include \$50 non-refundable deposit with application).

If attending Camp with a show at end, do you plan to show or just come to help? SHOW _____ HELP _____

STALL FEE: _____ (\$10/night - overnight (bring your own feed), or \$5 for the day only.) Or tie to your trailer.

Please remember to enclose a non-refundable deposit of \$50 (unless attending daily session/s only) and sign release form below - or have parent/guardian sign (if camper is under 18):

I/we _____ agree to allow _____ to participate in the AUTUMN OLIVE FARM CAMP/S. I am/we are aware that equine activities can be hazardous to the safety of the participant and agree to hold harmless AUTUMN OLIVE FARM, it's owners, employees, heirs, etc. from any claims for accident, bodily harm or death to participant, family and friends or damage to any of their possessions . I/we assume all inherent risks involved with equine activities and other activities done on/off the above premises. The participant has health/life insurance and AUTUMN OLIVE FARM, it's owners, employees, heirs, etc. shall not be held responsible for any monetary claims due to accident, bodily harm or death to participant or damage to any possessions. The same applies to any family, friends and animals during the camp.

Signature: Self/Parent/Guardian

Date