

Star Ridge Stables Camp

668 Honeysucker Road – Hardeeville, S.C. 29927

Stella Prescott 843/247-3378

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www.starridgestables.com

APPLICATION FOR “SLEEP AWAY” RESIDENT CAMP 2011 “All Girl” Camps – Ages 7 to 16

NAME _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENTS' NAME _____

E-MAIL _____

PARENTS' ADDRESS _____

PARENTS' PHONE NUMBERS _____

CHILD'S GRADE IN SCHOOL _____ HEIGHT _____

WEIGHT _____ BIRTHDATE _____

HEALTH PROBLEMS? _____

CAMPER'S EMAIL _____

DESIRED CAMP DATES (Please circle)

ARRIVAL DATES - DEPARTURE DATES

A session June 12 - June 18 B Session June 19 – June 25 C Session June 26 – July 2

D Session July 17 – July 23 E Session July 24 – July 30

Prices: Any single week session \$650; Any two sessions \$1100

Total number of weeks _____ Price _____ Amount Enclosed _____

Note: (\$450 per week nonrefundable deposit is due with application to reserve your place and full payment by April 30, 2011.) \$150 per week extra to bring your own horse. No refunds once camp begins. Absolutely, *no partial* refunds.

Off- Site Excursion:

Some off-site excursions require an additional fee that varies by destination. Excursion fee paid with your camp deposit will receive the discounted price.

Kayak Tour: Regular price \$65 Discount if paid with deposit \$40

Dolphin Tour: Regular price \$80 Discounted if paid with deposit \$55

If both **Kayak and Dolphin Tours** are purchased addition \$30 discount will be given. Total for both excursion \$65 if paid with deposit

Please circle which Tour your daughter would like to attend: Kayak Dolphin

Does camper ride horses regularly? Yes No

If yes, explain: _____

When was the last time camper rode a horse? _____

Is camper comfortable around horses? Yes No

If no, explain: _____

Do you need a helmet for the camper? Yes No

Transportation Release: My daughter has permission to attend activities off farm property. My daughter may have opportunities to attend activities other than ones listed on this form. I acknowledge that if I give permission for her to participate in such activities in the future, it is under the same conditions that are set out in this form, including with respect to transportation. I understand that Star Ridge Stables, LLC must obtain the written consent of parent/guardian for every girl wishing to participate in an activity or outing that is held at a different place. I accept responsibility for the transportation of my child to and from any Star Ridge Stables, LLC Camp activity and recognize that transportation to and from Star Ridge Stables, LLC Camp events is not the responsibility of Star Ridge Stables, LLC. I recognize that the driver of any such carpool, carriage, or bus service that is arranged is not acting as an agent of Star Ridge Stables, LLC Camp. It is my expressed intention to hold Star Ridge Stables, LLC harmless for any and all injuries, death or damages arising from or in any way related to any such transportation. _____ **Signature of Parent/Legal Guardian**

I give my permission for my daughter to participate in swimming (at the pool and beach), go to the movies, carriage ride, bowling or other activities. If no exceptions, she may participate in all activities at the outings. EXCEPTIONS: _____

My signature on this document also allows Star Ridge Stable, LLC to use photographs, voice, and/or video of my child for Public Relations purposes.

_____ **Signature of Parent/Legal Guardian**

PLEASE READ CAREFULLY BEFORE SIGNING.

This form must be completed by and for each camper.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE: In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in riding instruction as a camper at "THIS STABLE" herein shall refer to Star Ridge Stables, LLC, and that this camper will either ride her own horse, or school horses provided by THIS STABLE for instructional purpose, today and on all future dates.

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon me, the registered camper, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and country of THIS STABLE'S physical location. Any disputes by the rider shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The terms "STUDENT", "CAMPER" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "ME", "MY" shall herein refer to the above registered camper/student rider and the parents or legal guardians thereof if a minor.

C. ACTIVITY RISK CLASSIFICATION: I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIOAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

D. NATURE OF THIS STABLE'S SCHOOL HORSES: I UNDERSTAND THAT: THIS STABLE chooses its school horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS, and THIS STABLE follows a rigid safety program.

E. RIDER RESPONSIBILITY: I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The camper's safety largely depends upon her ability to carry out simple instructions, and her ability to remain balanced aboard the moving animal. I agree that the camper shall be responsible for her own safety.

F. CONDITIONS OF NATURE AND INSPECTION OF PREMISES: I UNDERSTAND THAT: THIS STABLE IS NOT responsible for total or partial acts, occurrences, or elements of nature that can

scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild and domestic animals, insects, reptile, which may walk, run, fly near, or bite or sting a horse or person; and irregular footing on out-of- door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. The camper and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for camper's intended purpose, usage and presence upon THIS STABLE'S PREMISES.

G. SADDLE GIRTH/NATURAL LOOSENING: I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a camper notices this he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

H. ACCIDENT/MEDICAL INSURANCE: I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses.

My accident/medical insurance company is _____ and my policy number is _____, phone number _____.

I. PROTECTIVE HEADGEAR WARNING: I AGREE THAT: I for myself and on behalf of my child and/or legal ward have been fully warned and advised by THIS STABLE that protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet should be worn while riding and being near horses and I do understand that the wearing of such headgear at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences.

J. LIABILITY RELEASE: I AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the CAMPER, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on its behalf (hereafter 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 ASSOCIATES' ordinary negligence; and I do further agree that except in the event of THIS STABLE'S gross negligence and willful and 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 the clause, for any economic and non-economic losses due to bodily injury, death, 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, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE.

K. EQUINE ACTIVITY LIABILITY ACT WARNING: I acknowledge that I have reviewed this state's EQUINE ACTIVITY LIABILITY ACT WARNING, a copy of which is attached hereto and incorporated by reference herein.

WARNING! Under South Carolina law, an equine activity sponsor or 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 Article 7, Chapter 9 of Title 47, Code of Laws of SC 1976.

This staff has my permission to use its judgment with regard to my child's treatment or my horse's treatment in case of any emergency. I hereby authorize any physician or hospital to proceed with treatment should my child, or horse, require emergency treatment, in the event that I cannot physically grant my consent. I also agree to be financially responsible for all expenses associated with providing medical care for my child or horse.

Horseback riding requires children to concentrate and pay close attention to the instructor and the horse. It is suggested that children who take medication during the school year for ADD or ADHD continue taking the medication during camp.

Further, I agree, in the event of home-sickness, misconduct, or any other cause, my child is dismissed or withdrawn from camp, that the camp fee is nonrefundable.

(Note: Parent or Guardian must sign this release)

Signature: _____ **Date:** _____

A deposit of \$450 must accompany this form. Please pay in full by April 30, 2011. Installment payments can be arranged. Please make checks payable to Star Ridge Stables.

Mailing address: Star Ridge Stables Camp
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Web site: www.starridgestables.com

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