



Summer Horse Camp Registration Form

Space is limited. Registration will close when camp is full. One form per camper.

Saddle up for some summer fun at one of our camps for ages 8-14 years old. Activities include daily riding instruction, trail rides, scavenger hunts, barrel racing, pole bending, horse care, games, and crafts! Camp will end on the last day with a horse show for parents!

Camp Dates & Pricing: Each week of camp is \$300. Please indicate which camp you are registering for.
_____ June 11-15, 2018 _____ June 18-22, 2018 _____ June 25-29, 2018

Location: McCormick Research Institute Equestrian Center,
4651 Rummell Rd., St. Cloud, FL 34771

Meals, Snacks & Drinks: All participants should bring a packed lunch. Snacks and beverages will be provided throughout the day.

Drop off & Pick Up Times: Camp doors open at 8:00 a.m. Please do not arrive before 8:00 a.m. and no later than 9:00 a.m. All campers must be picked up no later than 4:00 p.m.

Things to Bring Each Day: Sack lunch, sunscreen, long pants, closed-toed shoes—preferably boots, play clothes for messy games (shorts, flip flops, t-shirt)

Camper's Name: _____ DOB & Age: _____ Male ___ Female

Parent/Legal Guardian: _____ Email: _____

Phone: _____ Address: _____

Other Emergency Contact: _____ Phone: _____

Please list any food allergies or other medical concerns we should be aware of: _____

_____ Check enclosed (or) _____ Please charge \$ _____ to my credit card _____ M/C or _____ VISA

Credit Card#: _____

Expiration Date: _____ 3 or 4 Digit Security Code on Back of Card: _____

WE CAN NOT GUARANTEE YOUR RESERVATION UNTIL PAYMENT IS RECEIVED

Make checks payable to McCormick Research Institute

Please email complete form to Amy@McCormick.us or mail to

McCormick Research Institute 4651 Rummell Road, Saint Cloud, Florida 34771

For more information or questions, contact Amy at 407.933.7433 ext. 0

HEAVENLY HOOVES SUMMER HORSE CAMP LIABILITY RELEASE

KNOW ALL MEN BY THESE PRESENTS, that

_____ and _____
Participant's Name Parent/Legal Guardian's Name

Resides at: _____,

Participant with parent or legal guardian's consent hereby desires to engage in the following equine activity, to wit: HEAVENLY HOOVES INC. SUMMER HORSE CAMP, located in Osceola County, Florida at McCormick Research Institute. For and in consideration of the above activities and services; receipt and sufficiency of which is hereby acknowledged, Participant/Participant's parent/legal guardian hereby does forever and finally release, remise, acquit, satisfy, and forever discharge Osceola County (Florida) and all related entities including Osceola County Board of County Commissioners, and also Heavenly Hooves Inc., a Florida Corporation and all related entities; officers, directors, agents, sponsors and employees of and from all manner of action and actions; cause and causes of action, suit, debts, dues, sums of money, bonds, billings, contracts, controversies, agreements, promises, damages, variances, judgments, executions, claims, and demands whatsoever, in law or in equity, which may arise or might in the future arise, herein after may arise for or against the equine activity sponsor for the activities stated above. This document is meant to be a full and complete release from any and all liability that may arise from participating in the above described equine activity, or from any activity the participant may engage on the equine activity sponsor's and Osceola County property in preparation for the above described equine activity. This release is given freely and voluntarily by the parent/legal guardian of participant and is meant to remain in existence throughout the period prior to and throughout the duration of the equine activity.

Under Florida 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. FLORIDA STATE STATUTE-CHAPTER 773.

This release and indemnity has been carefully and fully read by the undersigned, and the undersigned fully understands its terms and conditions, and has voluntarily executed and delivered this release of indemnity as of this _____ DAY OF _____, 20_____

I, _____ parent/legal guardian of _____
Parent/Legal Guardian Participant's Name

have read the above release and indemnity in full, and I consent and agree with the terms set forth. I fully understand its terms and conditions, and I hereby voluntarily execute and deliver this release and indemnity and consent to _____'s participation in the activities. I further agree to be fully bound by the terms and conditions of the Release and Indemnity in both my individual capacity and in my capacity as parent/legal guardian for the individual as indicated above.

PRINT NAME:

SIGNATURE:

Parent/Legal Guardian Parent/Legal Guardian