**River Chase Equestrian Center**

**Summer Camps**

**2020**

**Registration Form**

Summ



**Week of Camp: (check all weeks you wish to attend) ; \_\_\_\_\_ June 15-19 , \_\_\_\_ June 29-July 03, \_\_\_\_ July 13-17 , \_\_\_\_July 27-31 , \_\_\_\_August 03-09.**

**Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Parent’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Phone number/name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Alternate Phone number/name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Fee per week: $375; Deposit of $75\_\_\_\_\_\_\_\_\_\_ Balance of $300\_\_\_\_\_\_\_\_\_\_\_.**

**Every registration form for the River Chase Farm Camps shall constitute an agreement and affirmation that the campers, rider and any of their agents or representatives acknowledge that they participate voluntarily in the Camps, fully aware that horse sports involve inherent danger and risk, and by participating, they expressly assume any and all risks of injury or loss, and they agree to hold the Camp, The River Chase Equestriann Center, Land Owners and their officials, directors, employees and agents harmless for any loss suffered during or in connection with the competition, whether or not such injury or loss resulted directly or indirectly from the negligent acts or omissions of said officials, directors, employees or agents. I AGREE that this agreement is given in part under the Virginia Equine Activity Liability Act (3.1-769.130 and following of the Code Of Virginia), which is hereby incorporated by reference.**

**Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Parent/Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020.**