

2008 Summer Equestrian Camp

Hi everyone! Welcome to the 2008 Equestrian Camp. Please pay close attention to the set-up of camp and the number of children who can attend each week. We have added back an extra week this year. We believe this will better suit more of the community. We will be accepting reservations for camp earlier this year to help you with your summer plans. However, we cannot take payments until May 1st, and cannot hold your reservation without payment past May 15. You will receive a confirmation of your reservation, but no bill will be sent. Payment must be received by LOWA between May 1 and May 15. Please be sure to include your phone number and email address so we can contact you with a reminder.

This year there are six weeks of camp open to all ages, four Beginner camps and two Show camps. We will be having an hour and a half of riding with an hour and a half of theory/hands on stable management! We believe this will foster a more complete experience for each camper. Also we will only be taking 14 campers per beginner session and 10 campers per show session so that each camper gets a more individual experience. There will be two groups of seven for the beginner camp and two groups of five for the show camp that rotate once during the morning. Children should be dropped off at the Equestrian Center at 8:30 AM and picked up at 12:00 PM.

WHAT: 2008 Beginner Equestrian Camp

A hands on equestrian experience for children 7 yrs and older, who have little or no background with horses.

WHEN: 1. June 9-13 3. July 28 – August 1
2. July 7-11 4. August 4-8

TIME: Monday – Friday 8:30 – 12:00

COST: \$250 per LOWA Member \$300 per Non-Member *

WHAT: 2008 Equestrian Show Camp

A full week of equestrian activities for children 7 yrs and older, with a minimum proficiency level of walk and trot without assistance. Children with more advanced skills are also encouraged to attend. Campers may be eligible to participate in classes at our horse show on Sunday.

WHEN: 1. June 16-22
2. July 14-20

TIME: Monday – Saturday 8:30 – 12:00 and Sunday 8:00-12:00

COST: \$300 per LOWA Member \$350 per Non-Member*

*Please note that a non-member is anyone not in the immediate family, i.e. friends, of a homeowner or member of LOWA. Your membership card may be required at any time. If possible, we recommend you send a copy with the application.

Campers will be taken on a first come, first served basis. No refunds will be given after May 31 without a Doctor's note.

You can send your child with a snack and a water bottle. Please label anything your child intends to bring. You can call the Equestrian Center if you need any other information (540) 972-2238. We look forward to seeing you this summer!

CAMPER INFORMATION

CHILD

Full Name _____ Nickname _____

DOB _____ Sex _____ Phone number _____

Mailing Address _____

City, State, Zip Code _____

Street Address (if different) _____

GUARDIANS

Full Name _____

Mailing Address _____

City, State Zip Code _____

Street Address (if different) _____

Home Phone Number _____

Mother's Work Phone _____

Father's Work Phone _____

Email Address _____

EMERGENCY CONTACTS

You MUST list two persons whose phone number is local to the stable to be contacted only if the Parents/Guardians cannot be reached.

Name _____ Relationship _____

Complete Street Address _____

Phone Number _____

Name _____ Relationship _____

Complete Street Address _____

Phone Number _____

BACKGROUND INFORMATION

Has your child ever ridden before? If yes, please describe what kind of experience and what level (i.e. walk, trot, canter, jumping). _____

What is your child's favorite thing to do with horses or what are they good at?

Please list your first and second choice of dates for camp:

Thank You for taking the time to fill out this application completely!

MEDICAL INFORMATION

Child's Physician _____

Phone Number _____

Address _____

Insurance Co. _____

Policy Holder _____

Policy Number _____

Group Number _____

Special Medical Problems _____

Allergies _____

Medication Currently Taken _____

For _____

MEDICAL WAIVER

If your child becomes sick while attending Stable activities an attempt will be made to contact parents or other authorized persons to arrange for the pick-up of the sick child.

If your child should need any form of medical treatment, including medication, hospitalization or surgery, while attending Lake of the Woods and its activities, an attempt will be made to reach either or both parents and persons listed on your registration form. However, in the case the parents or other authorized persons cannot be reached, we hereby give our permission for emergency medical treatment, medication, hospitalization or surgery deemed necessary or advisable under the circumstances by a licensed physician. In addition, we hereby give our permission for the Lake of the Woods Stables to transport my child to the hospital in the event of an ambulance not being available within 10-15 minutes.

TWO SIGNATURES REQUIRED

Mother's Signature _____

Date _____

Father's Signature _____

Date _____

**LAKE OF THE WOODS ASSOCIATION
EQUINE ACTIVITY RELEASE/WAIVER,
ASSUMPTION OF RISKS AND INDEMNIFICATION AGREEMENT**

In consideration of my daughter's/son's participation in any equine activities at Lake of the Woods Association (the Association), I hereby release and waive any rights to sue the Association, its employees, agents and representatives for any loss, damage, injury or death to person or property sustained by me/my daughter/son in equine activities by any cause whatsoever, including but not limited to any risk inherent in any equine activity, such as (i) the propensity of an equine to behave in dangerous ways which may result in injury or death to a participant or bystander, or damage to property; or (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; (iii) hazards of surface or subsurface conditions, whether known or unknown; (iv) the experience level of any participant; and (v) the condition and age of the equipment or tack. I assume all of the foregoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspections relating to those risks and any other potential risks of recreational activities, and I agree and understand that the Lake of the Woods Association shall have no responsibility whatsoever to make any such examination or inspection. I further all risk of, and agree to hold harmless the Association, its employees, representatives and agents from and against any and all loss, damage, injury or death to person or property, by whatever cause, including any act or omission, negligent or otherwise, on the part of the Association, its employees, representatives or agents, or on the part of any other person.

If (I am) (my daughter/son is) a participant in Association classes and/or programs, then I agree and understand that this Agreement shall apply to all equine activities in which (I am) (my daughter/son is) involved during the next twelve months from the date below.

I hereby certify that the foregoing statements and representations are being made by me knowingly, freely and voluntarily, and I understand that the Association is expressly relying upon the foregoing statements and representations in permitting my/my daughter's/son's participation in any equine activities.

I further agree to abide by all the Lake of the Woods Association Rules and Regulations.

CAUTION READ BEFORE SIGNING Date _____

Rider's Name _____ Address _____

If rider is a minor, then parent or guardian also must sign:

Lot & Section Number _____

Parent or Guardian _____ Phone Number _____