

Reddemeade Farm & EquiShare ~ 1701 Ednor Road ~ Silver Spring, MD 20905
301-421-9064
www.reddemeade.com

Spring Break Camp 2020

April 6-10 ~ 9:00-4:00pm

Please write the date(s) which campers are attending

Cost: \$450 for the entire week or \$104 per day

Camper's Name _____ Birth Date _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ / _____ / _____
Home Work Cell

Email _____
(Confirmations sent via email)

Drop-off time: _____ Pick-up time: _____

Person(s) authorized to pick up camper _____

Has the camper ridden before _____ Taken lessons (number of years) _____

Level of skill: please circle highest level walk trot canter jump

Does the camper have any physical and/or medical condition, problem, disorder which may affect his/her safety and/or ability to ride?

YES NO (If YES) describe here _____

How did you hear about us? (Please circle) Newspaper Internet Friend Sign Yellow Pages Other _____

The Undersigned has been advised that horses can be unpredictable & there is a risk of serious injury or death involved in grooming, handling or riding them. The Undersigned agrees to assume such risk when using Reddemeade Equestrian Center (REC) horses. Also, the Undersigned, along with family, estate, heirs or assigns agrees to release/hold harmless REC, its agents & employees, from & against any claim, action, damage, expense, loss or liability paid, suffered, or incurred, whether or not foreseen, as a result of using REC horses & equipment. In consideration of the above, the Undersigned agrees to abide by all rules & regulations which may be posted in the barn or announced by a REC agent or employee.

REC has the right to refuse or terminate enrollment of any child.

**CAMPERS MAY BORROW A HELMET FROM REC IF THEY DO NOT HAVE THEIR OWN
I HAVE READ THE ABOVE RELEASE OF LIABILITY AND UNDERSTAND ITS PROVISIONS**

Guardian/Licensee Signature _____ Date _____

Print Name _____

Credit Card # _____ Expiration Date _____

Name on Card _____ Security Code _____

Total Amt. _____ Deposit. _____ Balance _____

Check # _____ Name on Check _____

Total Amt. _____ Deposit. _____ Balance _____

A \$45.00 ADMINISTRATIVE FEE WILL BE CHARGED TO ANY CAMPER WITHDRAWING FROM CAMP