

Christmas Horse Camp!

at Todd Hill Farm, Oakfield, NS

Week of: December 27 - 31, 2021

Monday – Friday 8:00am – 4:00pm

Ages 8 – 15

Daily Riding Lessons

Horse Show

Crafts

Trail Rides

Horse Care

Mounted Games



\$450/week, tax free

For more info email: camps@toddhillfarm.com

Visit our website! toddhillfarm.com

6570 Hwy 2, Oakfield, NS B2T 1C3 Office: 902-883-9577 Cell: 902-266-6816

Name of Camper: _____

Date of Birth: _____

Parent/Guardian: _____

Contact Number(s): _____

Address: _____

Email: _____

Riding Experience & anything we should know (ie allergies):

\$100 deposit required with registration. Balance due one week prior to camp start date. Send e-transfers to: lessons@toddhillfarm.com. If paying with credit card, please use online form. Attached waiver must be completed and signed.

Todd Hill Farm Horse Day Camp

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “For Participants Under 18 Years”

Participant's Name: _____ Date of Birth: _____

Participant's Address: _____ City: _____ Prov: _____ Postal: _____ Phone: _____

Guardian's Name: _____ Relationship: _____

The Guardian must Read and Understand prior to the Minor Participating in Equine Activities **Initial by all lines*

TO: **TODD HILL FARM** their directors, employees, officers, volunteers, business operators, and site property owners. (all of them collectively called the HOST)
Initial each item below After Reading and Understanding the item

____ 1. I am the **Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with the intent that this form be binding in the myself and infant Participant for all legal purposes.

____ 2. I **Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “RISKS” are a common occurrence.

____ 3. I **Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

____ 4. I **Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.

____ 5. I **Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.

____ 6. In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “**Legal Representatives**”) agree

- **To Waive All Claims that I or the infant Participant might have against the “HOST”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “**Legal Representatives**” might suffer as a result of the infant's Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the Minor Participant or to any third party which might result from the infant's Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “**Legal Representatives**” might have against the “**HOST**”.

____ IN CONSIDERATION of permitting my child or youth in my legal care to participate in activities at Todd Hill Farm, I **FURTHER GIVE MY PERMISSION** for Todd Hill Farm and its representatives to take and use photographs that may include my child or youth in my legal care at their discretion, inasmuch as the reproductions are in good taste and respectfully displayed.

SIGNED This ____ day of _____ 20____ at (location) _____

(Signature of HOST Witness to signing & Initialing)

(Signature of Guardian)