



Haven Horse Ranch

A Working Christian Horse Ranch
7333 CR 208 St Augustine, FL 32092
904-813-5710 www.havenhorseranch.org

Spring/Summer Camps 2018

Revised November 17, 2017

Registration Form & Release

Camper _____
Address _____
City, St Zip _____
Phone _____
E-Mail _____

Age _____ M F

Dates Attending

(All Camps are 5 days unless otherwise noted)

- 3/26 Gen Spring Break - 3 or 5 Day
- 5/30 3-D 6/4 B-C 6/11 Gen
- 6/18 Gen 6/25 B-C 7/9 Gen
- 7/16 Gen 7/30 3-D
- 8/6 Advanced Camp (By Invitation Only)

Parents Name _____
Home Phone _____
Mobile Phone _____
Alt Contact _____
Home Phone _____
Mobile Phone _____

Gen= General B-C= Bible Horse Camp 3-D= 3 Day camp

Call First
Work Phone _____

Call First
Work Phone _____

- 3-Day Camp** 3 Days \$265 3-Day Camp Overnight add \$145
- Day Camp** 1 Wk \$375 2 Wks \$675 3 Wks \$945 4 Wks \$1,195
- Overnight Camp** 1 Wk \$545 2 Wks \$995 3 Wks \$1,395 4 Wks \$1,795
- Meals - Lunch** Daily \$10 Weekly \$35 **Meals included with Overnight Camp.**
- Registration Fee** \$75 per registration

Troxel Spirit Helmet available in

- Black Fuschia Periwinkle Black Duratec
- Pink Dreamscape (new) Mint Dreamscape
- \$45.95 includes Shipping & Handling
- Sm (21 1/4 to 21 5/8) Med (22 to 22 3/8) Lg (23 1/8 +)

Please make all checks payable to Haven Horse Ranch

Amount Enclosed/Charged \$ _____ Balance Due \$ _____

Visa MasterCard Card No. _____ Exp Date _____

SSC Code on rear of card _____

I agree to pay all charges as per the terms of my cardholder agreement.



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I grant permission for photos to be taken and used at the Ranch's discretion.

SAFETY GEAR

I understand that a proper riding helmet and boots are necessary safety equipment for any equine activity and I take full responsibility for providing and for the wearing of such equipment while so engaged, if parent or legal guardian chooses not to provide their child with such safety equipment, by signing this release, parent/legal guardian gives consent and confirms that the use of such safety equipment is not necessary for your child and therefore take full responsibility for this decision as their parent or legal guardian.

CANCELLATION POLICY

Cancellations with 60 days notice results in a 50% credit to other services.

Cancellations with less than 60 days notice are non-refundable.

WARNING

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR, OR EQUINE PROFESSIONAL, IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

RELEASE AND INDEMNITY AGREEMENT

In consideration of the acceptance of my participation and/or the participation of my child or ward, in the Horse Camp activities the Haven Horse Ranch, and with the understanding that a horse may be startled by sudden movement, noise or other factors, and may shy suddenly, rear, stop short, bite, buck, kick or run with its rider, especially when the ride is conducted through a natural setting, as this ride will be, I AGREE TO ASSUME THE RISKS incidental to such participation including, but not limited to, those risks set out above, and, on my own behalf, on behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, RELEASE and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in such Horse Camp activities and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. The released parties are the Haven Horse Ranch, their parent, related, affiliated and subsidiary companies, and the officers, directors, employees, agents, representatives, successors and assigns of each. I understand that this release and indemnity agreement includes any claims based on the negligence, actions or inaction of any of the above released parties and covers bodily injury and property loss or damage, whether suffered by me, my child or ward before, during, or after such participation. I further authorize medical treatment for said child or ward, at my cost, if the need arises.



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I have read, fully understand and agree to the policies on this and previous pages regarding photographs, credit card payments, Cancellation Policies, Safety Gear, Warning and Release and Indemnity Agreement on all pages of this registration.

Registration must be signed & dated by Parent or Legal Guardian

Date

Please tell us how did you hear about us?

Returning Camper _____

School Flyer at _____ Ad in _____

Referred By _____ Website at _____

Other _____