

REGISTRATION

2019

NEW: Three levels of summer camp programming grouped by age and experience

Level 1 (9 am to Noon)

Beginner/Intro to Horses for 5 to 7-year-olds

\$275 per week

Level 2 (9 am to 2 pm)

Beginner/Intermediate for 7 to 10-year-olds

\$395 per week

Level 3 (9 am to 4 pm)

Upper Intermediate/Advanced for 10-year-olds and older

\$550 per week

Summer Camper Application

Camper's name _____

Age _____ Level of Riding _____

Please check all that apply:

Trot Canter Jump Jumping Height _____

Riding Experience _____

Have you attended CVF camp/lessons in the past? _____

If yes, details: _____

Where did you hear about our camp? _____

Please note if your child may be attending camp with a friend, and if you want us to try to group them together:

Weekly Camp Sessions held Monday through Friday

Please indicate your camp session selection(s):

WEEK 1

June 3-7

Level 1 – 9 am to 12 noon

Level 2 – 9 am to 2 pm

Level 3 – 9 am to 4 pm

WEEK 2

June 10-14

Level 1 – 9 am to 12 noon

Level 2 – 9 am to 2 pm

Level 3 – 9 am to 4 pm

WEEK 3

June 17-21

Level 1 – 9 am to 12 noon

Level 2 – 9 am to 2 pm

Level 3 – 9 am to 4 pm

WEEK 4

June 24-28

Level 1 – 9 am to 12 noon

Level 2 – 9 am to 2 pm

Level 3 – 9 am to 4 pm

WEEK 5

July 8 - 12

Level 1 – 9 am to 12 noon

Level 2 – 9 am to 2 pm

Level 3 – 9 am to 4 pm

WEEK 6

July 15 - 19

Level 1 – 9 am to 12 noon

Level 2 – 9 am to 2 pm

Level 3 – 9 am to 4 pm

WEEK 7

July 22 - 26

Level 1 – 9 am to 12 noon

Level 2 – 9 am to 2 pm

Level 3 – 9 am to 4 pm

WEEK 8

July 29 - August 2

Level 1 – 9 am to 12 noon

Level 2 – 9 am to 2 pm

Level 3 – 9 am to 4 pm

WEEK 9

August 5 - 9

Level 1 – 9 am to 12 noon

Level 2 – 9 am to 2 pm

Level 3 – 9 am to 4 pm

To Register and Reserve a camp week complete the camper application and registration information on this form, as well as the two-page CVF Rider Release form. Return them with a nonrefundable \$100 (per session) deposit to confirm and hold a place for the session(s) of your choice. Your acceptance will be confirmed and then the balance will be due two weeks prior to first day of camp.

Additional Registration Details

Parent name _____

Home phone _____

Address _____

Cell Phone _____

City/State/Zip _____

Email _____

Amount enclosed \$ _____

Check Number _____

~NOW ACCEPTING MASTERCARD & VISA~

Name on card _____

Zip Code _____ Card Number: _____

Exp. Date _____ Security Code _____

Mail registration to:

Sue Ford/Chagrin Valley Farms

PO Box 714, Chagrin Falls, Ohio 44022



CHAGRIN VALLEY FARMS

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Section 2305.321 of the Ohio Revised Code (the "Statute") identifies certain risks that are inherent in an "equine activity" and specifies that an equine participant assumes those inherent risks.

Under the Statute, an "inherent risk of an equine activity" includes, but is not limited to: (a) the propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; (c) hazards, including, but not limited to, surface or subsurface conditions; (d) a collision with another equine, another animal, a person, or an object; and (e) the potential of an equine activity participant to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Pursuant to the Statute, and in consideration of the permission of CVF LLC and 9250 E Washington LLC; hereinafter referred to as "Chagrin Valley Farms" to permit the undersigned [or the undersigned's child/ward/invitee/guest] to enter upon the Chagrin Valley Farms premises and/or to participate in or observe equine activities at any Chagrin Valley Farms facility or event, the undersigned, for and on behalf of myself, my heirs, executors, administrators, legal representatives, invitees, and assigns (collectively, the "Releasing Parties"), waive and release, and shall indemnify, defend and hold harmless, Chagrin Valley Farms, its owners, employees, agents, representatives, invitees, successors and assigns, as well as any equine professional [as defined in the Statute] and veterinarian at Chagrin Valley Farms (collectively, the "Released Parties"), from any and all claims, demands, actions, causes of action, liability, damages, injuries, losses [whether to person or property including horses] that the Releasing Parties now have or hereafter may have against any one or more or all of the Released Parties arising from, or in connection with, any equine activity at any Chagrin Valley Farms facility, or under the sponsorship of Chagrin Valley Farms.

The undersigned authorizes any Released Party to render first aid treatment to any Releasing Party while at any Chagrin Valley Farms facility or activity.

Signature: _____ Date: _____

Printed Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Child's Name (if applicable): _____

CHAGRIN VALLEY FARMS PHOTO RELEASE

I hereby grant CVF LLC and 9250 E Washington LLC, dba Chagrin Valley Farms, and parties designated by it the irrevocable right to use my (or my minor child's) photograph or likeness of me (or likeness of my child) in photographs taken for web site usage, advertising, ad display and editorial use, without restrictions as to changes, alterations and/or distortions. I fully release these parties from any and all claims and causes of action that I may have now or in the future relating to my voluntary submission of photos of myself (or my child), including and without limitation, claims for libel or invasion of privacy. I am not being compensated by anyone. I have read this release and fully understand its content.

Names of riders, _____
campers, or camp
assistants: _____

Signature
(parent if minor): _____

Print name: _____

Date: _____