

Horseback Riding Camp



Cedar Knoll Farm is located in Glen Allen, just off Pouncy Tract Road (6 miles from West Broad Street). This beautiful horse farm is near Western Henrico, less than 10 minutes from Innsbrook, Wyhdham, Wellesley, Ashland and Goochland. The farm has one lighted riding arena, stables and an ample area for leisure riding.

The horses and ponies used in the riding school and summer camp have been carefully selected and trained to take riders from beginner through advanced levels of horsemanship and equitation. In addition to equitation, stable management and horse safety are an integral part of each student's total riding experience.

Each one week session will run Monday through Friday from 9:30-4:00 and includes morning and afternoon riding lessons, leisure rides and games. Campers will also be assigned a horse to care for during the week. On Friday, parents and friends will be invited to the commencement and awards activities at 1:00pm. During certain sessions, campers may be invited to attend or participate in local horse shows.

- Ages** Girls and boys ages 6 through 14. **Only 10 campers per session.** Beginner & intermediate riders will be split.
- Lunch** Campers must provide their own lunch, two snacks and drinks.
- Riding Attire** Long pants, a full length shirt (no bare midriffs), paddock boots, dress or field boots, or hard soled shoes with low heels. (i.e. hiking boots or any laced substantial type shoe or boot with a low heel.) **No tennis shoes, cowboy boots, or rubber riding boots.** An **AHSA approved riding helmet** with an attached harness (no bike helmets) is **mandatory** when mounted. (**No bike helmets**). Helmets will be provided or may be purchased one of the local tack shops. Each camper may bring a towel, wash cloth and a change of clothes and shoes.
- Transportation** Campers must provide their own transportation and should arrive at the farm by 9:30 and be picked up by 4:00. Special arrangements may be made with the junior counselors for campers who need to be dropped off before 9:30 or picked up after 4:00, in which case a nominal sitter fee will be charged.
- Cost** \$350.00 per session if a deposit is received by July 1. After July 1, the cost will be \$400.00 per week. A signed release and a \$150.00 (\$175.00 if after July1) **non-refundable** deposit for **each** camper for **each** week must accompany each application. Please make checks payable to Cedar Knoll Farm. **All campers must have accident insurance.**

2017 Sessions: Weeks of June 26th /July 17th ,31st /August 14th

Cedar Knoll Farm

RELEASE AND WAIVER OF LIABILITY

I am aware that horseback riding and other equine activities are athletic events which pose potentially serious risks of injuries or death to their participants. I understand that my horse(s) or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained, are often unpredictable and are often difficult to control.

With this waiver I accept notice of the provisions of the Equine Activity Liability Act, §§ 3.1-796.130 through 3.1-796.133 of the Code of Virginia, 1950, as amended, which state in part: "(i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; and (iii) the hazards of surface or subsurface conditions." This waiver shall remain valid unless expressly revoked by the participant, or parent or guardian of a minor, in writing, with receipt acknowledged by Jamison T. Bowes of Cedar Knoll Farm.

Furthermore, with this waiver, I expressly assume the risk of injury or death due to negligence by the Cedar Knoll Farm, its agents, employees, members and staff, for my own safety or for the safety of my minor child.

With the knowledge of the foregoing, and as an inducement for Cedar Knoll Farm to allow me to ride on their property, I hereby agree to waive or release any and all rights that I or my heirs may have to make a claim against Cedar Knoll Farm, their employees and participants, arising from any damages, injury, or death which I might sustain or which might occur to any horse I am riding as a result of my horseback riding. I further agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which might be made on my behalf by others or which might be made against me by others, arising from riding on their property. Furthermore, I agree to indemnify Cedar Knoll Farm, its agents, employees, members and staff, landowners, their families, employees or tenants, for any injury, death, loss or damage to any personal property which might occur during an equine activity as defined by § 3.1-796.130 of the Code of Virginia, 1950, as amended.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST CEDAR KNOLL FARM, ITS EMPLOYEES AND AGENTS, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN ANY EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, CEDAR KNOLL FARM AND ITS EMPLOYEES AND AGENTS, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED. IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

Print name of Student

Signature(Parent/ guardian if under 18)

Address: _____

Date: _____

CEDAR KNOLL FARM

Riding Camp

15549 Stone Horse Creek Road

Glen Allen, Virginia 23059

(804) 749-3725

Camper's Name(s) _____

Name of Parent/Guardian _____

Mailing Address _____

Home (804) _____ Work (804) _____ Cell (804) _____

Family Doctor _____ Doctor's Phone _____

Hospital Preference _____

Medical Insurance Company _____

Policy # _____

Name of person(s) to call if you cannot be reached: _____

Phone#: (H) _____ (W) _____ (C) _____

EMERGENCY CARE RELEASE

Please sign for your child so we may authorize prompt emergency care in your absence.

Robin Z. Traylor, Jamison T. Bowes or the staff of Cedar Knoll Farm has my permission to authorize emergency medical treatment for (or my child) _____ in the event of accident or medical emergency. (print name of student)

Signature of Parent or Guardian: _____

CAMP APPLICATION

Camper's Name _____ Age _____

Camper's Name _____ Age _____

Dates of Attendance _____ Amount Enclosed\$ _____

Signature of Parent/Guardian _____

Please include a \$150.00 (\$175.00 if received after July 1) **non-refundable** deposit for each child for each session. Balance due on the on the morning or first day of the camp session.