

Arrowmont Stables & Cabins, LLC
276 Arrowmont Trail, Cullowhee, NC 28723
828-743-2762 or 800-682-1092, 828-743-3753 Fax
Application
Summer Horse Day Camp

Don't Hesitate. **Call Today To Enroll Your Child.**
Very Limited Enrollment For Ages 7 – 15

Dear Parent, You get to choose your best time for your child's Summer Horse Camp:

Five Whole Days, 10 AM to 4 PM, Monday – Friday, Only \$897 Available –
Please pack a lunch - Last full week of June

Two Whole Days, 10 AM to 4 PM, Thursday & Friday, Only \$438 Available –
Please pack a lunch - During the month of July on Thursday and Friday

Two Half Days, 1 PM to 4 PM, Monday & Tuesday, Only \$254 Available –
Please pack snacks – During month of July on Monday and Tuesday

Dear Arrowmont,

Please accept my child's application for enrollment in the Summer Horse Camp Day Program.

Dates of Session _____ Whole Day _____ Half Day _____

Child's Name _____

Child's Age _____ Height _____ Weight _____

Parent's Name _____

Mailing Address _____

City _____

ST _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____

Email _____

I learned about Arrowmont's Horse Camp from _____

Please use one form per child. Register by April 15th, 2015 for a 15% Discount, after April 15th...

- I'm registering for 5 Whole Days, & only paying \$897.00 , this is my second child, I get 15% off
- I'm registering for 2 Whole Days, & only paying \$438.00 this is my second child, I get 15% off
- I'm registering for 2 Half Days , & only paying \$254.00 this is my second child, I get 15% off

Yes, Charge my card today. I will fax this Application to 828-743-3753 or email it to:
arrowmontreservations@gmail.com OR call 1-800-682-1092

(Local number - 828-743-2762) Monday – Friday, 9 am to 5 pm to enroll my child.

Name On Card _____ Signature _____

Credit Card Number _____

Expiration Date: Month _____ Year _____ Card Statement Zip Code _____

CID Number _____ (For MasterCard, Visa & Discover it's the last 3 digits on the back of the card where you sign your name. For American Express it's 4 digits in black on front right of card)



ARROWMONT CAMPER HEALTH FORM

This form to be completed by parent if under 18 years old

Camper Name (Please Print) _____

Address _____
Street _____ City _____ St _____ Zip Code _____

Phone (____) _____ Birth Date _____ Sex _____ Age _____

Notify in event of injury:

Parent/Next of Kin _____ Phone (____) _____

Address _____
Street _____ City _____ St _____ Zip Code _____

If not available in an emergency notify:

Name _____ Relationship _____ Phone (____) _____

Address _____ City _____ St _____ Zip Code _____

HEALTH HISTORY: (Check - giving approximate dates)

Ear Infections _____
Rheumatic Fever _____
Convulsions _____
Diabetes _____
Behavior _____

Allergies
Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin _____
Other Drugs _____

Diseases
Chicken Pox _____
Measles _____
German Measles _____
Mumps _____
Asthma _____

Operations or Serious Injuries
(Dates) _____

Chronic or Recurring Illness

Other Diseases or Details of above

Any specific activities to be restricted or encouraged?

IMMUNIZATION HISTORY:

This is record of dates of basic immunizations and most recent booster doses.

Tetanus Booster _____ Typhoid _____
Tuberculin Test _____ Mumps (live) _____

This health history is correct so far as I know:

Camper/ParentSignature _____ Date _____

In the event I (above staff person) become unable to choose or am unconscious in an EMERGENCY, I hereby give permission to the physician selected by Arrowmont to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for myself as named above.

Camper/ParentSignature _____ Date _____

If under 18 years old, Parent/Guardian's Authorization Needed

This health history is correct so far as I know, and the person herein described, Arrowmont Staff, has permission to engage in all staff activities, except as noted by me and the examining physician.

In the event I (Parent or Guardian) cannot be reached in an EMERGENCY I hereby give permission to the physician selected by Arrowmont to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature _____ Date _____

ASSUMPTION OF RESPONSIBILITY AT ARROWMONT

WARNING: Under North Carolina 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 exclusively from the inherent risks of equine activities. Chapter 99E of N.C.G.S.

READ CAREFULLY EACH PROVISION OF THIS AGREEMENT AND INDICATE YOUR AGREEMENT BY **INITIALING EACH PROVISION** IN THE SPACE PROVIDED. **CAUTION: HORSEBACK RIDING CAN CAUSE SERIOUS INJURY OR DEATH. (Adult => 18 yo)**

____ **In renting this horse or horses and riding same,** I am assuming the risk of injury knowing that the nature of horses is unpredictable as well as actions of other people and/or riders, and I agree to hold the owners of the horses free and harmless from any responsibility, and further agree to hold the owners of the properties across which the horses may go in the course of riding harmless and free from any responsibility for any accident that may occur. In accordance with the above, I also assume the risk of injury to my child/ward who is riding at Arrowmont Stable. **I understand that I am responsible for myself and my child (ren)/ ward(s) medical expenses.**

____ **Covenant Not To Sue:** I, my spouse, and any person authorized to act on my behalf, hereby covenant not to sue Arrowmont, owners and lessees of the premises, including officers, employees, members, promoters, assistants, advertisers, participants, and agents of any of the above for any and all loss, damage, claim, or demands for any injury, death, or loss of property, whether caused by negligence or otherwise while I am participating in any activity at Arrowmont or for any claim whatsoever on account of first aid treatment or service rendered me during my participation in an activity at Arrowmont.

____ **Release & Waiver:** I, my spouse, and any person authorized to act on my behalf, hereby release, waiver and discharge Arrowmont, owners and lessees of the premises, including officers, employees, members, promoters, assistants, advertisers, participants, and agents of any of the above for any and all loss, damage, claim, or demands for any injury, death, or loss of property, whether caused by negligence, lack of skill, accidental, willful or otherwise while I am participating in any activity, including horseback riding, or for any claim whatsoever **on account of first aid treatment or service** rendered me during my participation in an activity at Arrowmont.

____ **Assumption of Risk:** I assume full responsibility for my actions and I voluntarily and freely choose to incur any and all risks and dangers connected with the activities offered at Arrowmont, including horseback riding, while upon, off, or around the Arrowmont facilities, whether caused by negligence or otherwise.

____ **Indemnity Agreement:** If I, my spouse, and any person authorized to act on my behalf brings a legal action or any other claim or proceeding against Arrowmont, owners and lessees of the premises, including officers, employees, members, promoters, assistants, advertisers, participants, and agents of any of the above for personal injury, death, or property loss arising directly or indirectly from my participation in an activity, including horseback riding, at the Arrowmont facilities, I will pay for or reimburse all legal costs and attorney fees incurred by me, Arrowmont, or any other person or entity set forth above for the defense of any such actions. I also agree to conduct all litigation in Jackson Co., North Carolina.

____ **Advanced Gait Agreement:** I understand that a gait faster than a walk (trot, canter, etc.) dramatically increases the danger and likelihood of falling off the horse. I understand that the horse may "bolt" or make a "sudden" start in an attempt to "keep up" with the other horses although I may not be totally prepared to start the advanced gait thereby increasing the danger of falling. I understand the trot is a "bouncier" gait that may increase the possibility of falling. I know to ride the trot with my bottom off the saddle, as if trying to stand, to use my knees as springs, and to hug the horse with my knees while holding the mane. **I understand if I fall I may sustain serious, permanent injury from the fall, another rider, or from a horse.** Knowing all the above, I am still willing to assume the dramatically increased risk of injury along with the accompanying medical bills. I also assume the risk of injury to my child/ward who is riding. I agree to hold the owners of the horses, owners of the properties over which I may go, the owners or operators of the stable, their staff, and any other rider or agent free and harmless from any responsibility for any accident that may occur.

____ **I guarantee I am not under the influence of alcohol or illegal drugs, or am pregnant, and I have no injury/illness to prevent riding.**

____ **I understand the Guide is concerned for the safety and welfare of the total group and I accept his/her authority. I realize failure to comply can result in prompt termination of my ride and hiking back to the barn. No refund, No recourse, No rebuttal, and No other consideration shall be negotiated.**

____ **I give permission to use my likeness and/or my child's likeness, in whole or in part, in any form of advertising or promotion.** I also give permission to use my name and photographs/film for all media, commercial film, television, videotaping, or promotional purposes at no compensation to me.

Experience Level: Please check a number and initial it.

- ____ **#1 First Time** on a Horse _____ **#2 Beginner** - - rides once a year on vacation or it's been years
- ____ **#3 Intermediate** - - rides at least 3-4 times per year, had some lessons, or at least 10 hours on a horse per year, at ease at trot/canter
- ____ **#4 Semi-experienced** - - rides every week or more on a trail, has 50 hours on a horse outside a ring per year, can get a horse to walk that doesn't want to walk and can stop a horse that is reluctant to stop
- ____ **#5 Experienced** - - all of the above, plus, capable of teaching someone else to ride to first level dressage knowledgeably and safely

RIDING HELMETS RECOMMENDED: I agree to wear a Helmet(<18 years old Required) _____ I REFUSE to wear a Helmet _____

I have read this entire agreement carefully and fully understand its contents and sign it of my own free will without duress. I further certify that I am eighteen years of age or older (if under 18, parent or legal guardian has given me permission to horseback ride and has signed this agreement). I also recognize that I am giving up certain valuable legal rights to sue for any personal injuries or death I may suffer.

RIDER'S NAME (print) _____ **ADULT SIGNATURE** _____

Address _____ **CHILD'S SIGNATURE** _____

City/State _____ **Zip** _____

Phone _____ **Date Signed** _____ **Rider's Birthday** _____ **Age** _____

Email address _____ **Height** _____

I heard about Arrowmont from _____ **Weight** _____

Witnessed by _____ **Horse's Name** _____ **Anniversary** _____

Trail Choice: Fern Forest _____ Flame Azalea _____ Flame/Fern _____ Valley _____ 2 Hr _____ Other _____ Ring Ride _____ Trail Time _____

Trail times are approximate. Rate is based on the trail and not time. This agreement is the property of Arrowmont Stables & Cabins, LLC, 276 Arrowmont Trail, Cullowhee, NC 28723 828-743-2762 / 800-682-1092 Fax 828-743-3753 E mail: arrowmontreservations@gmail.com Copyright 1995-2015 ©