

REGISTRATION FORM – Twin Oaks 2009 Camp Program

Please fill out this form, enclose check payable to Nancy Smith or Twin Oaks and send to:

Twin Oaks Riding Academy, 21002 Rostormel Court, Ashburn, VA 20147

(Note: this is a mailing address only, and not the address of the camp; see the web site for the camp location)

I would like to register for the following camp(s):

Check Here	Camp	Ages	Cost	Date
	Fall Young Rider Camp	5 - 10	\$45	December 5, 1:00pm - 3:00pm
	Winter Young Rider Camp	5 - 10	\$45	January 9, 11:00am - 1:00pm
	Winter Young Rider Camp	5 - 10	\$45	February 27, 1:00pm - 3:00pm
	Winter Young Rider Camp	5 - 10	\$45	March 20, 1:00pm - 3:00pm
	Winter Young Rider Camp	5 - 10	\$45	April 24, 1:00pm - 3:00pm
	Winter Young Rider Camp	5 - 10	\$45	May 22, 1:00pm - 3:00pm

Name		Age	Birthdate (mo/day/yr)
Email Address <i>Twin Oaks will email you to confirm your registration, and will not give your email address to anyone</i>			
Address		City/State	Zip
School		Grade	
Home Phone	Mom's name & work phone/cel phone		Dad's name & work phone/cel phone
In case of emergency and neither Mother nor Father can be reached, whom should we notify?:			
Name		Telephone	Relationship
Preferred Doctor/Telephone		Preferred Hospital/Telephone	
Medical Information: Please list any and all physical handicaps, emotional or physical problems, chronic ailments or allergies, including any medications associated with disorders affecting attention span, and/or behavior, alertness or motor skills.			

Release of Liability, State of Virginia, County of Loudoun

I (we) the undersigned student, parent, or legal guardian of a student of the Twin Oaks Riding Academy (hereinafter referred to as "Twin Oaks"), for and in consideration of my child, or a student for whom I have been granted legal custody, hereby voluntarily and knowingly execute this Release with the express intention of effecting the extinguishments of, and complete release from any and all claims, actions, demands or rights to monetary judgment arising from any and all injury or physical or emotional or mental harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward, in the various programs of instruction, practice, clinics, open riding, camps and physical activity or from observing the activities associated with the study of English riding or horsemanship and related activities conducted by Twin Oaks and its owners and any of Twin Oaks' employees. I hereby agree to hold Twin Oaks Riding Academy, Nancy Smith, Twin Oaks owners and employees, and property owners Mohammed and Zareen Shah, free from all damages or liability for any injury to the person or property arising out of the use of horses or equipment while riding at Twin Oaks or while attending or observing any horse shows, clinics, camps, or while performing chores, whether voluntarily or for compensation, or other horse related activities while on the premises of Twin Oaks Riding Academy or while away from Twin Oaks Riding Academy.

I agree to wear a regulation ASTM approved hard hat (helmet) at all times while mounted on a horse. I agree to assure that my minor child will wear a regulation ASTM approved hard hat (helmet) at all times while mounted on a horse.

I understand that the Twin Oaks Riding Academy and its employees make no warranty as to Twin Oaks or its employees, contractors and instructors' ability to provide training or other protection against riding related accidents, injuries, including repetitive stress injuries, emotional distress or death as a result of participation at Twin Oaks.

I recognize that riding a horse is a dangerous sport and I acknowledge that I have read and understand the foregoing warnings and disclosures.

This waiver gives notice to the participant of the risks inherent in equine activities, including (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, movement, persons, or animals; and (iii) hazards of surface or subsurface conditions.

Executed by: _____
Signature

Date