



SUMMER DAY CAMP APPLICATION - 2024

Name of Camper(s):	Age(s):
Name of Parent / Guardian:	
Address:	
E-mail:	Cell Phone:
Home Phone:	Work Phone:
Carpool Instructions / Restrictions:	
List Allergies or Medical Conditions:	
Previous Riding Experience:	

I would like to bring my horse to camp with me. *Call for Availability & Cost (540-623-2268)*

THE COST OF A WEEK OF CAMP IS \$425. CAMP IS FROM 9AM TO 4PM.

Check the Week(s) Desired.

- Week of June 17 - 21
- Week of June 24 - 28
- Week of July 8 - 12
- Week of July 15- 19
- Week of July 29 - Aug 2

**Inquire about Extended Day for an additional fee*

SWIMMING ABILITY:

- None
- Very Beginner
- Beginner/Beginner +
- Intermediate
- Advanced

TO RESERVE YOUR CAMP DATES, complete this application, including the RELEASE on back of this form, and return it with **A DEPOSIT OF \$200.00 FOR EACH WEEK DESIRED. THE REMAINDER IS PAYABLE THE FIRST DAY OF THE SESSION.** Please make checks payable to **TOUCH POINT FARM**. Deposits are fully refundable until **MAY 15TH**, and thereafter when a replacement camper can fill the vacancy.

**MAIL APPLICATION,
RELEASE & DEPOSIT CHECK TO:**

**TOUCH POINT FARM SUMMER DAY CAMP
16251 Dark Horse Trail
Culpeper, VA 22701**



RELEASE AND HOLD HARMLESS AGREEMENT

The Undersigned assumes the unavoidable risks inherent in all camp and horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, camper, and spectator.

In consideration, therefore, for the privilege of riding, horse boarding, receiving riding instruction, and/or working around/with horses at Touch Point Farm (16251 Dark Horse Trail, Culpeper, Virginia), or other equestrian facility assigned, and including swimming, diving, sports (to include, but not be limited to, bicycling, scootering, skating, skateboarding), and/or other camp activities, the Undersigned does hereby agree to hold harmless and indemnify Touch Point Farm, LLC, Peter R. and Janet B. Schwenke, farm owners, Meredith Jones, instructor, other instructors invited to participate in camp lessons, camp counselors, life guards, and/or their assigns, and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned and his/her child/children, or to any horse owned and/or boarded by the Undersigned or to any other family member or spectator accompanying the Undersigned on the premises.

I, the Undersigned person, intending to be legally bound, hereby waive for myself, agents, guardians, heirs, executors, administrators, legal representatives, assigns, and any other persons, any & all rights & claims for damages, demands & any other actions whatsoever which I may have against any of the above named persons or their property, arising out of my equestrian/boarding activities, and/or camp/swimming/sports activities. I specifically agree not to sue any persons or entities indicated above.

By my signature, I acknowledge that I understand the above, and that handling and/or riding horses is considered a hazardous activity & that there are inherent risks, including (i) the propensity of an equine to behave in dangerous ways which may result in injury or death to the participant; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (iii) hazards of surface or subsurface conditions. I assume full liability for any personal injury or property damage to my person, child/children, persons accompanying me, personal property and horse(s). (See Code of VA. Sec. 3.2-6200 through 6203. 10/1/08.)

Additionally, I specifically authorize Peter R. Schwenke, Janet B. Schwenke, Meredith Jones, and/or their assigns, to seek professional medical assistance, at my expense, for _____, should they feel it is in his/her/their/its best interests.

SAFETY HELMETS REQUIRED WHEN MOUNTED.

Print Name of Parent / Guardian _____

Signature of Parent / Guardian _____

Date _____

Name(s) of Camper(s) _____

Phone # _____ Cell Phone# _____

E-Mail _____

Name of Emergency Contact _____ Phone # _____

Name of Medical Insurance Policy # _____

PLEASE ADVISE US OF ANY ADDITIONAL INSTRUCTIONS, MEDICAL OR OTHERWISE

