**Kentucky Riding Stables, Inc. (914)381-2825**

**Summer Riding School 2019**

**Weekly: Tuesday – Friday: 9 am – 2 pm**

**For Children Ages 5 and up**

**Includes:**

**Daily Riding Lesson\*\*Grooming – Bathing – Tacking\*\*Horsemanship\*\*Daily Activities**

**Required for Summer Riding School**

**A release form must be signed prior to starting camp.**

**A Certified ASTM Helmet and a pair of Paddock Boots or boot above the ankle:**

**A Snack, Lunch and Drinks should be brought.**

**$450.00 per week:**

***Please send a completed form with a 50%deposit to reserve the weeks you would like your child or children to attend***

**Week 1: June 25\_\_\_\_\_\_\_\_\_ Week 5: July 23\_\_\_\_\_\_\_\_\_\_ Week 9: August 20\_\_\_\_\_\_\_\_\_**

**Week 2: July 02\_\_\_\_\_\_\_\_\_\_ Week 6: July 30\_\_\_\_\_\_\_\_\_\_\_ Week 10: August 27\_\_\_\_\_\_\_\_**

**Week 3: July 9\_\_\_\_\_\_\_\_\_ Week 7: August 6\_\_\_\_\_\_\_\_\_**

**Week 4: July 16\_\_\_\_\_\_\_\_\_\_ Week 8: August 13\_\_\_\_\_\_\_\_**

**Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of Riding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Information:**

**Doctors Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1st Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/Cell \_\_\_\_\_\_\_\_\_\_**

**2nd Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/Cell\_\_\_\_\_\_\_\_\_\_\_**

**Total Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deposit & Date: \_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_**

**Balance Due: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **325 Union Ave Harrison, NY 10528**

***Family Owned and Operated Since 1928***

**Kentucky Riding Stables, Inc**

**325 UNION AVE, HARRISON, NEW YORK 10528**

PH: 914-381-2825

web: kentuckyridingstables.com

PLEASE CHECK ONE: □ Lessons □ Summer Riding School □ Other \_\_\_\_\_\_\_\_\_

 (Specify)

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**RIDER APPLICATION AND RELEASE FORM**

Rider’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_

Place of Business (adult only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riding Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE**

In consideration of taking lessons, riding horses and using the facility at The Kentucky Riding Stables, Inc., I , individually, and/or as parent/guardian of the below named minor(s), do hereby consent to assume all risks in connection with such lessons, horseback riding, and use of the facilities, and agree to waive, release, and discharge Kentucky Riding Stables, Inc., its officers, employees, and members, from any and all liability, claims, and actions whatsoever for damages or injury (including fatality) to me and/or said minor(s) by reason of such lessons, horseback riding, or use of facilities or otherwise. I further agree to indemnify and hold harmless Kentucky Riding Stables, Inc. against any loss or damage which it may sustain in consequence of my use or said minor’s use of the horses and facilities and no other agreement, either verbal or written, will in any manner affect this release, which shall be binding upon the heirs, executors, and administrators of myself and/or of the said minor(s) listed here on.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individually /or as parent/legal guardian of the following minors:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minors Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_