



TRINITY FARM LLC



2023 Summer Horse Camp Reservation Request



Learn Riding Skills | Daily Riding Lesson | Basic Horse Care | Games & Activities | Arts & Craft



What: Horse Camp for children ages 6 & up

When: Session 1: June 12-16, 2023 | 9am-3pm
Session 2: June 19-23, 2023 | 9am-3pm
Session 3: June 26-30, 2023 | 9am-3pm

Cost: \$410 per camper (5-day camp session)*
* discounts available for multiple family members

- All campers will be guided and supervised in proper behavior while around horses
- Campers will have daily mounted lessons and will be **required to wear a helmet, long pants and firm soled shoes**
- Proper safety around all of our farm animals will be stressed
- Our goal is to share our farm and **have fun learning about and loving horses!**
- **Safety is of utmost concern** whenever involved with these large animals
- Campers will need to **bring a sack lunch and drinks** for the day

Camper's Name: _____ Age: _____

Has camper ever attended camp before? Yes _____ No _____ T-Shirt Size: _____

Contact Person: _____ Phone Number: _____

Please mark session(s) requested:

_____ Session 1: June 12-16, 2023 | 9am-3pm

_____ Session 2: June 19-23, 2023 | 9am-3pm

_____ Session 3: June 26-30, 2023 | 9am-3pm

A deposit of \$50 (per session requested) is required to hold your spot and is non-refundable. Total camp fee & signed release forms are due 2 weeks prior to camp session or spot at camp cannot be guaranteed **Fees for 5-day camp session are \$410.** All camp dates are subject to change if attendance is not adequate to make the camper's experience a fun and memorable event. Camp fees are non-refundable if cancelation is later than 2 weeks before start of session.

Mail fees & forms to:
Trinity Farm LLC
10310 S. County Road 0
Clayton, IN 46118

Or email:
info@trinityfarmindiana.com

Questions? Call:
(317) 539-5081

Venmo:





TRINITY FARM LLC



Participant Information Form

Participant Name: _____ Birth Date: _____

School Name or Troop #: _____ # Years Riding Experience: _____

Please briefly describe your experience as a rider: _____

Address: _____ City / State / Zip: _____

Phone Number: _____ Email Address: _____

May we send you information of future opportunities at Trinity Farm at your email address? Yes _____ No _____

Please list any concerns or limitations you or your participant may have that would not allow them to participate fully in activities provided at Trinity Farm.

(Include allergies if appropriate): _____

Please feel free to share any personal goals you have for you or your participants' experience: _____

How did you find us? _____

Emergency Contact Information (Parents if under age 18):

Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone: _____

Address: _____ City / State / Zip: _____

(If different from participant)



TRINITY FARM LLC



Release Agreement (Horseback Riding and Equine Activities)

A separate Release form must be signed by each participant. Please read the entire document carefully before signing.

I, _____, hereby agree to indemnify and hold harmless and release **Trinity Farm LLC** ("Owner") from all liability for any accident or injury sustained by me, my employees, representatives, heirs, dependents or guests in connection with equine activities at **Trinity Farm LLC**, and I do further agree that, except in the event of Owner's gross negligence and willful and wanton misconduct, I shall not bring any claims, demand, legal actions or causes of action against Owner and/or Owner's associates, for any economic or non-economic losses due to bodily injury, death, property damage or loss sustained by me in relation to the premises and operations of Owner, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of owner.

It is understood that whenever the word "Owner" is used in this agreement, it includes the landowner(s), stable owner(s), trainers, independent contractors, employees and any other individual related to the ownership or management of the horse facilities.

As owner, rider, student, contestant, spectator, employee, independent contractor, or parent, I recognize that all equestrian related activities are extremely dangerous. Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. I undertake full responsibility for any and all harm or injury that may occur to myself, my stock and any of my associates. With full knowledge, I release Owner from any and all responsibility for accidents or injuries.

I acknowledge that I have examined Owner's facilities and I am satisfied that the conditions of the premises have been made reasonably safe and well maintained, to the extent that it is within Owner's control to do so. I further acknowledge that Owner is not responsible for elements of nature that can frighten a horse, cause it to fall, rear, or react in some other unsafe way, such as thunder, lightning, wild or domestic animals, stinging or biting insects, and other factors outside of Owner's control.

By signing this Release and Indemnity Agreement, I indicate that I have adequate medical and liability insurance coverage and that Owner will assume no responsibility for horse or rider. Losses associated by the injury or death of rider, spectator or horse is agreed to be covered by the insurance of the undersigned, and it is further agreed that the undersigned, my employees, representatives, heirs, dependents and/or guests shall have no right or action against Owner, its employees, independent contractors, landowners, stable owners, trainers, or any of their insurance carriers.

It is agreed that this Release and its provisions shall be governed by the laws of the State of Indiana.

I acknowledge that I have been fully warned and advised by Owner that I should at all times wear protective headgear while mounting, riding, dismounting and otherwise being in close proximity to any horse, and that such headgear may prevent or reduce the severity of some head injuries and may even prevent death as the result of a fall or other occurrence. *(NOTE: If the rider is 18 years or younger, the rider is required to wear protective headgear.)*

All Riders and Parents or Legal Guardians must sign below after reading this entire document.

If the person signing is under 18 years of age, the signature of a parent or guardian indicates acceptance of responsibility by the said parent or guardian, and release of liability of Owner and affiliated persons.

Statement of Awareness

The undersigned rider (or parent / legal guardian on behalf of a rider who is a minor) states that I have read and do understand the foregoing Release Agreement, and I further attest that all facts relating to the undersigned are true and accurate.

Signature of Rider: _____ Date: _____

OR *(if under 18 years of age)*

Signature of Parent / Guardian: _____ Date: _____

Print Name of **Rider**: _____

Address: _____ City / State / Zip: _____

Phone Number: _____ Email Address: _____

Videos or photographic images taken by staff during events or activities remain the property of Trinity Farm LLC. Please initial one of the statements below regarding use of images for use on promotional materials or on trinityfarmindiana.com.

I agree that my (or my child's) image may be used. _____ I prefer that my (or my child's) image not be used. _____