

Monkton Meadows Farm 17714 Troyer Road White Hall MD 21161

Presents

Summer Days at the Farm

-Daily and weekly programs from June through August-(Call, email or text to check available weeks)

Registration form Please Print This Form

Dear Horsemanship Enthusiast,

,	r your registration for Dream Catch Equine's posit of \$160, (non refundable) we will gladly	•	· , .
(non refundat	ole) will not be due until the first day at the fair	m. We thank you in advanc	ce for your payment and
See You Soo	n!		
Kathleen Gov	vl-Almony		

Email: dreamcatcheq@gmail.com
Contact Number: 443-255-0685

Please fill out the information	below:
Participants's Last Name	First Name
Age	
Previous Experience, if any (I	eave blank if none):
Parents/Guardians:	
Names:	
Street:	
	Zip Code
Home Phone:	Work Phone:
Cell Phone:	
Rate: \$80/ day. Sibling discou	unt: \$75/day. Current DCE students: \$70/day closed to be registered_
	tion form must be fully completed (typed or printed) and accompanied by a non ee, deductible from the fee. The balance is due on the first day of camp, also
treatment, if this becomes ned immediate attempt has been By the signing of this form, I h Services, and it's owners and	o DreamCatch EES and Kathleen Gowl-Almony for emergency medical cessary due to accident or illness. This agreement applies only after ever made by the Horsemanship Program to notify me or my spouse are unsuccessful nereby hold harmless DreamCatcher Equine, t/a Dream Catch Equine Education employees from any claims involving personal injury or anyone who may be or any loss of personal equipment.
Signature:	Date:
Parent or Legal Guardian Prir	nted Name(s):

What to bring: Shoes with heel and long pants for riding, extra water/drink bottle for riding time, lunch, rain gear, extra shorts, sneakers and/or flip flops for free time



Monkton Meadows Farm

VOLUNTARY RELEASE AND INDEMNITY AGREEMEN

VO	LUNTARY RELEASE AND INDI	DEMNITY AGREEMENT	
1. Voluntary Participation			
I, (Participant, Parent or Gua		acknowledge that I have voluntarily	y
applied to participate in hors	seback riding (which shall include har	andling, grooming, vaulting, jumping and other	
activities) by DreamCatch E	quine & Monkton Meadows Farm 17	7714 Troyer Road White Hall MD 21161	
2. Assumption Risk			
I UNDERSTAND THAT HO	RSES AND PONIES ARE UNPRED	DICTABLE AND DANGEROUS, THAT HORSEBACK	
RIDIDNG IS A HAZARDOU	S ACTIVITY AND THAT THERE IS	INHERENT DANGER TO ME, MY HORSE AND	
		CTED THE AREA WHERE THE HORSEBACK RIDING	G
WILL BE CONDUCTED. I A	M VOLUNTARILY PARTICIPATING	G IN THE ACTIVITY WITH KNOWLEDGE OF THE	
DANGER INVOLVED. I HEI	REBY AGREE TO ACCEPT ANY AN	ND ALL RISKS OF DAMAGES, INJURY OR DEATH,	
		HERE: (Participant, Parent or Guardian's initials)	
		,	
3. No Representation or	Warranties		
-		adows Farm nor any of their affiliates, employees,	
-	•	, warranties or guaranties with respect to any training	
	.	or liability, expressed or implied, with respect to any	
	me, arising by law or otherwise.	or madnity, expressed or implied, with respect to any	
4. Release, Discharge an	<u> </u>		
· · · · · · · · · · · · · · · · · · ·		Monkton Meadows Farm to participate in these	
		behalf of myself and my heirs, executors,	
	•	ne & Monkton Meadows Farm and their respective	
		provider of facilities at which or with which such training	ıg
•	,	nd all actions, claims, demands and liability now or at	
		riding or training or my presence on the premises of	
•	, ,	e that I, my heirs, executors, administrators and	
_	• • • • • • • • • • • • • • • • • • • •	ty of any of the releases for injury, death, damages or	•
		Ilting from or arising out of any acts or omissions of	
_	imitation any negligence of releases.	S.	
5. Indemnity Agreement			
_	•	PreamCatch Equine & Monkton Meadows Farm and	
their respective affiliates, en	nployees, principles and agents, aga	ainst all actions, claims, demands and liabilities	
(including court costs and at	torney's fees) related to any injury, o	death, damages or property damage resulting from o	r
arising out of my participation	n in horseback riding and/or training	g or my presence on the premises of Monkton	
Meadows Farm.			
I HAVE CAREFULLY READ	THIS VOLUNTARY RELEASE OF	LIABILITY AND FULLY UNDERSTAND IT'S	
CONTENTS. I UNDERSTAI	ND THAT IT IS A RELEASE OF ALL	L CLAIMS. I ASSUME ALL RISKS RELATED TO MY	
PARTICIPATION AT THE L	OCATION. I HAVE EXECUTED THI	IIS RELEASE VOLUNTARILY, EVIDENCING MY	
ACCEPTANCE OF THE AB	OVE PROVISIONS.		
Date: Name of R	lider:		
Home Number:	Cell Number:	Email:	
Medical Carrier:			
Policyholder: Policy Number:		nber:	
	Signature if under 18, Parent and/or	or Guardian:	

Witness: