



CEDARHILL FARM

Summer Camp Registration 2025

CAMPER'S NAME _____ AGE _____
 HEIGHT _____ WEIGHT _____
 ADDRESS, ZIP _____
 CELL PHONE _____ Parent Cell Phone _____
 EMAIL _____ Additional EMAIL _____
 Mother's Name _____ Father's Name _____

Circle Level of Horseback Riding Experience:
 No Lesson Experience Trail Riding Lessons: W/T W/T/C Crossrails

Any special Learning Styles or Physical Restrictions? _____

Please note the week(s) you wish to enroll in. Please check camp availability on our web site. We try to keep it current!
Horsemasters Camp 2025 weekly fee \$625: June 9-16, June 23-27, July 21-25, August 18-22
Showmanship Camp 2025 weekly fee \$700: August 16-20, August 18-22
Intermediate Camp 2025 weekly fee \$775: August 4-8, August 11-15

All camp spaces are filled on a first come first served basis. A **non-refundable** deposit of \$250.00 is required for each Camp session. Please complete the above registration form. Send it with a deposit to: Cedarhill Farm 2620 Waxhaw Marvin Rd Waxhaw, NC 28173

RELEASE & HOLD HARMLESS AGREEMENT The Undersigned assumes the unavoidable risks inherent in all horse related activities, including but not limited to bodily injury and physical harm to rider, spectator and horse. In consideration, therefore, for the privilege of riding and/or being around horses at Cedarhill Farm, Inc., located at 2620 Waxhaw Marvin Road, Waxhaw, NC the Undersigned does hereby agree to hold harmless and indemnify Cedarhill Farm, Inc. and staff, and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.
WARNING! Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina Statutes.

MEDICAL CARE INSTRUCTIONS

In the event of a medical emergency, Cedarhill Farm, Inc. and its staff has my permission to seek medical care for:
Please list any allergies to medicine or insect bites: _____
As needed, Cedarhill may give me, or my child the following: (Please circle)
 Benadryl (oral, for insect bites) • Children's Tylenol Children's Advil • Sunscreen Topical Sting Medication
 In the event of a medical emergency that requires ambulatory transportation, I request that I (the rider) be taken to:
 Hospital/Medical Facility _____
 Primary Physician _____ # _____

Please check box to confirm that you have read and agreed to our camp policy before signing below.

 Signature of Rider or Parent/Guardian if rider is a minor. Date _____