

NEWPORT EQUESTRIAN SUMMER CAMP

BUILDING HORSEMANSHIP, RESPONSIBILITY AND FRIENDSHIP

SUMMER 2022 | 8:30AM - 2:00 PM | FOR AGES 6 AND UP | \$300 PER WEEK

JUNE/JULY DATES

WEEK 1: JUNE 27 - JULY 1

WEEK 2: JULY 5 - 8 (\$250)

WEEK 3: JULY 11 - 15

WEEK 4: JULY 18 - 22

WEEK 5: JULY 25 - 29

AUGUST DATES

WEEK 1: AUGUST 1 - 5

WEEK 2: AUGUST 8 - 12

WEEK 3: AUGUST 15 - 19

WEEK 4: AUGUST 22 - 26

WEEKLY HORSE SHOW

FRIDAYS | 12:30PM

FAMILIES ARE INVITED TO
WATCH!

NEWPORT EQUESTRIAN

287 Third Beach Rd
Middletown, RI
401-480-8352
ksduffy974@gmail.com



Newport Equestrian Academy offers summer camp every week through the summer!

Enjoy riding once or twice a day and learning to take care of a horse. First time beginners to advance riders are welcome. There is always something new to learn. Feel the special bond between horse and rider. Become a safe, confident, and responsible horse person. Meet other horse crazy kids! Come join us!

REGISTRATION NOW OPEN!

Summer Camp Sign Up

We are wearing masks in the barn and practicing social distancing. There are hand sanitizing stations in multiple locations. What your child will need to bring: 1. Bagged lunch, 2. Favorite snack 3. Boots with a heal 4. Pants to ride in 5. Extra water 6. Helmet, we will provide a helmet if you don't bring your own. 7. Some kids like to change in to summer foot wear and shorts. All shoes should cover toes, no sandals. 8. Social distancing mask or face covering.

Student's Name: _____

Date of birth : _____

Riding level: _____

Parent/ Guardian: _____

Contact Number: _____

Address: _____

Email: _____

Dates attending: _____

Payment (Please Mark): Deposit _____ Paid in Full _____

* Please send a \$25 deposit or the full amount.

Did you fill out a weaver form?

Yes, it's with the registration form _____

No, I'll do it when I check in _____

Please make checks payable to Newport Equestrian Academy and mail to: 287 Third Beach Rd Middletown RI 02842

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Newport Equestrian Academy, LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "NEA"), I hereby agree to release, indemnify, and discharge NEA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in therapy programs with horses and horseback riding activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks may include, but is not limited to: exposure to and travel in rugged terrain, exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; exposure to temperature and weather extremes; losing control of you horse and falling; my own physical condition, and the physical exertion associated with this activity. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Riding a horse requires the participant to balance on the saddle. Accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered.

Furthermore, NEA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless NEA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of NEA's equipment or facilities, **including any such claims which allege negligent acts or omissions of NEA.**
4. Should NEA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against NEA, I agree to do so solely in the state of Rhode Island, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against NEA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____ Phone Number _____

Address _____ City _____

State _____ Zip _____ Email _____

Signature of Participant _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by NEA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless NEA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____