

Kierson Farm 2017 Camp Registration Form

Name of Rider/Camper _____

Age: _____ DOB: _____ Camper T Shirt Size YS YM YL AS AM AL

Name of Guardian: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Allergies: _____

Kierson Farm Camps

Happy Trails Discovery

Full Day Option: \$450/Session \$400/ Each
Additional Session

- ____ Session 1: June 19th- 23rd
- ____ Session 2: June 26th-30th
- ____ Session 3: July 3rd- 7th
- ____ Session 4: July 10th-14th
- ____ Session 5: July 17th-21st
- ____ Session 6: July 24th-28th
- ____ Session 7: July 31st-August 4th
- ____ Session 8: August 7th-11th
- ____ Session 9: August 14th-18th
- ____ Session 10: August 21st-25th

Step Up Camp

Day Camp Option: \$675/Session \$625/ each
Additional Session

- ____ Session 1: June 26th- 30th
- ____ Session 2: July 31st- August 4th
- ____ Session 3: August 21st- 25th

Academy Camp

Academy Team Members: \$600/Session
\$550/ Additional Session
Non Academy Team Member \$750/
Session

- ____ Session 1: July 3rd- 7th
- ____ Session 2: August 7th- 11th

Show Rider Camp

Non Kierson Show Team Rider: \$750/
Session
Kierson Show Team:

- ____ Session 1: July 17th-21st
- ____ Session 2: August 13th- 16th

Day Camps at Kierson Farm

One Day Camps are \$100 Per Day
Winter Camp is \$100 for one day or \$150

- ____ January 16th Martin Luther King Jr. Day Camp
- ____ February 20th Presidents Day Camp
- ____ May 29th Memorial Day Camp
- ____ September 4th Labor Day Camp
- ____ October 9th Labor Day Camp
- ____ November 24th Fall Day Camp
- ____ December 28th Winter Day Camp
- ____ December 29th Winter Day Camp

Extended Care Hours

Hours offered from 7:30AM - 7PM / \$5 Per
Hour (Non Refundable). Charges to be paid
with registration. Hours Needed:

M: ___ T: ___ W: ___ Th: ___ F: ___

____ I have included a check with my registration.
(Make Checks Payable to Kierson Farm)

____ I would like to pay by credit card.
50% Charged at time of
registration
50% Charged on first day of camp

**DEPOSITS ARE
NON- REFUNDABLE &
NON TRANSFERABLE.**

**CONFIRMATION LETTERS WILL
BE MAILED WHEN
REGISTRATION IS RECEIVED.**

Camp Total: _____
Extended Hours (\$5/hr): + _____
Early Registration Discount (4/1/17) (10%):
- _____
Second Child Discount (10%)- _____
Returning Camper Discount (\$25)- _____
Total: _____
Deposit Paid: _____
(Non Transferable/Non refundable)
Balance Due: _____

Card Type: _____ Code: _____ Exp. Date: _____ Zip: _____ Credit Card #: _____
Name on Card: _____ Billing Address: _____ Check Number: _____

Equine Activity Release and Hold Harmless Agreement

I/we have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Kierson Farm LLC.,N & H Saddlebred Holdings LLC, Hilary Wilcox, Megan Harrison, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability (ies). I/we understand the potential dangers that I/we could incur in mounting, riding, walking, boarding, feeding, and being near said horse(s) attended, unattended, or otherwise: including but not limited to any interaction with other horses, also including helper and non lesson time. Understanding those risks I/we hereby release Kierson Farm LLC.,N & H Saddlebred Holdings LLC, Hilary Wilcox, Megan Harrison,, it's officers, directors, shareholders, employees, and anyone else directly or indirectly connected with that farm from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to handle, mount or ride a horse. I/we also understand that while on property, I am considered a participant in equine activities that can be hazardous.

I/we understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and internationally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property. I/we recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity and has/have sufficient knowledge of my equine and horseback professional(s) from any continuing duty to monitor my equine activities.

I/we recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity and has/have sufficient knowledge of my equine and horseback professional(s) from any continuing duty to monitor my equine activities

I/we further voluntarily agree to warrant to Release and Hold Harmless Kierson Farm LLC.,N & H Saddlebred Holdings LLC, Hilary Wilcox, Megan Harrison, any liability whatsoever, including , but not limited to any incident caused by or related to said equine professional(s) negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to injuries, death, property damage from: mounting, riding, dismounting, walking, grooming, feeding, leading, holding, use of horse barn, paddock, trails, indoor arena, outdoor arena, arena, or horse ring in any capacity; falling off horse whether horse is bucking, flipping, spooked,; or my failure to understand any equine professionals directions relating to my riding or otherwise use and control, or lack thereof, of my horse or any other horse I am associated with.

I/we consent to allow Kierson Farm LLC to take pictures to use for, but not limited to advertising, website, publications.

Signature/ Parent or Guardian if under age of 18: _____ Date: _____

“WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL Activities RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997,c.287 (C.5:15-1 ets eq)”

Does your child have any physical, emotional or mental handicaps or been diagnosed with any specific related illnesses? Y N
If yes, please explain: _____

I was recommended by: _____

I heard about Kierson Farm From: _____

Mail Registration to:

**Kierson Farm
107 W. Woodschurch Road
Flemington, NJ 08822**

**Questions? Please contact us at
908.528.3307 or
kiersonfarm@me.com**

OFFICE USE ONLY

____ Confirmation Sent
____ Friend Discounted Noted to
____ Friend Registration
____ Deposit Received
____ Balance Recieved

Notes: _____

