

**Green Acres Equestrian Center, LLC
Spring Break Camp 2010 & Summer Riding Camp 2010**

REGISTRATION FORM

Camper's Name: _____ Age: _____

Complete Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

Please indicate which session(s) you are registering for:

- | | |
|----------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> April 5 – 9 (Spring Break Camp) | <input type="checkbox"/> June 28 - July 2 |
| <input type="checkbox"/> June 1 – 4 (4 days- reduced to \$260) | <input type="checkbox"/> July 5 - 9 |
| <input type="checkbox"/> June 7 – 11 | <input type="checkbox"/> July 12 - 16 |
| <input type="checkbox"/> June 14 – 18 | <input type="checkbox"/> July 19 - 23 |
| <input type="checkbox"/> June 21 – 25 | <input type="checkbox"/> July 26 - 30 |

Only \$300/ week & \$250 for siblings, if registered by May 1st.
\$325/week & \$275 for siblings, if registered after May 1st.

DEPOSIT:

A non-refundable deposit of \$100 is required to hold your space in the week of your choice. This amount will be applied to the total balance due for the session or session(s) for which you are registering. The balance will be due on the dates above.

Please place payment, registration form, and release form in the payment box at Green Acres, or mail to:

Green Acres Equestrian Center, LLC
P.O. Box 72876
Marietta, GA. 30007

If you have any questions, email us at greenacresonline@bellsouth.net or call us at 770-517-5154.



**GREEN ACRES EQUESTRIAN CENTER, L.L.C.,
Surrounding Landowners, Trainers/Instructors, and Equine Professionals**

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator.

In consideration, therefore, of the privilege of boarding horse, riding, trail riding across property and/or being around horses, the Undersigned does hereby agree to hold harmless and indemnify the above named parties and further releases them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or any invitee of the Undersigned. The Undersigned further agrees to avoid and maintain a safe distance from any construction activity, building, house, personal property and equipment on property and personally warrants full responsibility and accountability for due diligence in safe management and control of horse related activities.

CHAPTER 12 of TITLE 4 of the GEORGIA ANNOTATED

UNDER GEORGIA 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 FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTED.

- 1) I have read and fully understand Chapter 12 of Title 4 of Georgia law.
- 2) I hold no person or persons responsible for an accident or injury resulting from a horse activity in and around this facility.

Rider: _____ Date: _____

Parent or Guardian: _____

To Whom It May Concern:, In the event of injury to Rider and/or Rider's invitee, Center, its agents or employees have permission to administer First Aid, transport to a medical facility and sign for medical treatment.

Rider: _____ Date: _____

Parent or Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____