



Horsin' Around Summer Camp

Applicant's Name: _____ Age: _____

Street Address:

Parent's Name: _____ Home phone: _____

Parent's Cell: _____

Email: _____

Please enter the dates of camp you would like to attend:

Please describe students previous experience with horses/ponies if any:

Parent Signature: _____

****NOTE:** \$100 deposit made out to Deanna Kravetz should accompany application form to reserve your child's spot. **A signed waiver is required for every camp participant.**

Deanna Kravetz
Over the Oxer Equestrian
<http://www.overtheoxer.com>
100 West Rd.
Rye, NH 03870

**OVER THE OXER EQUESTRIAN SERVICES, LLC
NOTICE AND RELEASE
"WARNING"**

Under New Hampshire state law, an equine professional has limited liability for an injury or death resulting from the inherent risks of equine activities." 7 M.R.S.A. § 4103-A 3 (C)

"Inherent risks of equine activities" means those dangers and conditions that are an integral part of equine activities, including, but not limited to:

A. The propensity of an equine to behave in ways that may result in damages to property or injury, harm or death to persons on or around the equine. Such equine behavior includes, but is not limited to, bucking, shying, kicking, running, biting, stumbling, rearing, falling and stepping on;

B. The unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;

C. Certain hazards such as surface and subsurface conditions;

D. Collisions with other equines or objects; and

E. Unpredictable or erratic actions by others relating to equine behavior.

7 M.R.S.A. .§ 4101-7-A

I, _____, expressly assume the risk and legal responsibility for any property damage or damages arising from personal injury or death that results from the inherent risk of equine activities. I agree to release Over the Oxer Equestrian Services, LLC and Deanna Kravetz, individually, for any and all claims, whatsoever, for any injury and/or property damage resulting from services provided to me.

Signature of Rider\Participant*

Date of Birth

Name of Rider\Participant: _____

Address: _____

*If Rider is under the age of eighteen (18) this release must be signed by the parent or legal guardian of the Rider.