

# WONDERLAND FARM CAMPER INFORMATION/REGISTRATION SHEET 2021

7453 RADIO RD NE, LELAND, NC 28451

PHONE 910-655-5735 KAREN@WONDERLANDFARM.NET

Name of Camper(S) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mother \_\_\_\_\_ Phone \_\_\_\_\_  
 Father \_\_\_\_\_ Phone \_\_\_\_\_  
 In Case of Emergency Notify \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 Special Concerns IE. Allergies, etc. \_\_\_\_\_

**Please Initial next to each line. The following safety rules apply:**

- \_\_\_\_\_ Shoes with a 1/2" heel are required and must be worn while riding. This is for Safety! No Exceptions. Shoes without a heel can get caught in the stirrups.  
 \_\_\_\_\_ Safety helmets must be worn while riding and are provided. No sandals or flip flops to be worn while working around barn or horses.  
 \_\_\_\_\_ Long pants are to be worn while riding (Legs can get pinched by the saddle leathers). Shorts may be brought to change into for the afternoon activities.  
 \_\_\_\_\_ Campers must bring lunch and refillable water bottle to have on hand while participating in activities

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|---|---|
| 1. Complete information above   | 6.. Add in a T-shirt for \$8  |
| 2. Check off each week your child will be attending in the boxes provided | 7. Total all lines in the total amount due section  |
| 3. Fill in # of weeks attending and subtotal                              | 8. Complete method of payment, Enclose check.   |
| 4. Fill out and subtract multiple week/sibling discount                   | 9. Complete Liability Waiver on reverse side.   |
| 5. If any other discount, write in line and subtract                      | 10. Both the registration form and liability release must be completed and turned in with payment |

Payment is due at time of Registration to hold your space in camp. Cancellations subject to a 100.00 Admin. fee. Any Refunds are in farm services.

Please tell us how you heard about us:

Wilm Parent Mag \_\_\_\_\_, Star News \_\_\_\_\_, Friend \_\_\_\_\_, Sign \_\_\_\_\_, Online \_\_\_\_\_, Website \_\_\_\_\_, Yellow Pages \_\_\_\_\_, Other \_\_\_\_\_

<b>Horseback Riding Camp</b>				
_____ Week 1 June 7-11      _____ Week 5 July 12-16 _____ Week 2 June 14-18      _____ Week 6 July 19-23 _____ Week 3 June 21-25      _____ Week 7 July 26 -30	<b>\$335</b>	_____ weeks x _____	<b>Subtotal</b> _____	
<b>Tiny Rider Camp</b>				
_____ week 4 June 28- July 2 _____ week 8 Aug 2- 6	<b>\$200</b>	_____ weeks x _____	<b>Subtotal</b> _____	
<b>Farm Camp</b>				
_____ Week 9 Aug 9-13	<b>\$185</b>	_____ week x _____	<b>Subtotal</b> _____	
<b>Late Pick up</b> 5:30 pm is latest pick up		<b>\$100 for week or \$12 an hour</b>	_____ weeks x _____	<b>Subtotal</b> _____
<b>Multiple Week or Second Child Discount</b> *applies only to second child or 2nd or more weeks Must be sibling in immediate family		<b>Discount \$25</b>	_____ x \$25 _____	<b>Subtract</b> _____
<b>Camp T-Shirt</b> (optional)	<b>Circle Size:</b> Youth S M L Adult S M L XL	<b>\$10</b>	add \$10 per t- shirt _____	<b>Subtotal</b> _____
<b>Credit Card fee if applicable</b>		<b>\$10</b>	add \$10 if paying with credit card	<b>Subtotal</b> _____
<b>Method of Payment:</b> Check # _____ Cash _____ Cash App _____ \$KarenMealey Master card _____ Visa _____		<b>Name of Cardholder</b> _____ <b>Card #</b> _____ <b>V-code    Exp.    Zip</b> _____ / _____		add all above, optional t-shirt, subtract any discounts  <b>TOTAL</b> \$ _____

## WONDERLAND FARM LLC LIABILITY RELEASE

As further consideration for your providing me with riding instruction and camp activities, I am signing and delivering to you this release of liability. I understand and acknowledge that there are dangers inherent in the activity of horse back riding and in the participation of camp activities that involve the risk of personal injury. Those activities include but are not limited to hiking, swimming, games, canoeing, archery, hayrides, and horseback riding, and that it is not possible to foresee or to prevent all such possible dangers. Because horses are unpredictable creatures, very serious accidents can occur even when reasonable precautions have been taken to prevent such occurrence, I am fully aware that the serious risks associated with activity cannot be eliminated. I am also aware that the fall of a rider can be crippling or even fatal to the rider.

I have acquainted myself with the basic rules of safety applicable to this activity, and I understand that it is not the purpose of the riding instruction provided by you to teach me the basic safety rules, nor is it your function as my instructor to serve as the guardian of my safety. I also understand that to the extent that I use your equipment, I will satisfy myself as to the safe condition of such equipment.

In light of the above, I agree to personally assume each and every risk associated with this activity, regardless of whether I am riding my own horse or a horse owned by you or another person. Therefore, I hereby release, waive and forever discharge you, Wonderland Farm, any employee or agent of you or Wonderland Farm, and the owner of the animal I may ride, from any and every claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury, death or property damage resulting or to result from any accident which may occur as a result of my participation in riding instruction or any activities connected with such instruction, whether or not such injury, property damage or death is caused by negligence. I assume full responsibility for the risk of bodily injury, death or property damage while engaged in receiving instruction from you regardless of the premises upon which such instruction may be conducted.

I further agree that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the state of North Carolina and that if any portion of this release is held invalid, it is agreed that the balance of this release shall continue in full legal force and effect notwithstanding the invalidity of some part of it.

The undersigned hereby authorizes and consents to any emergency medical care which may at the time appear reasonably necessary under the circumstances as a result of injury or other event caused by or incurred in the course of an equine activity within the sole discretion of Wonderland Farm, and shall bear the cost of the same.

If I have requested that you provide instruction to a minor child of mine, then the provisions of this waiver and release shall apply to such child or children, and I agree to be fully responsible for all of this child's obligations hereunder. This release is given on behalf of myself, spouse, legal representatives, administrators, executors, heirs, and assigns, and in the case of any child or children of mine, on behalf of them, their legal representatives, administrators, executors, heirs, and assigns.

**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 General Statutes.

I agree that Wonderland Farm LLC may take & may use photographs of my child for any lawful purpose, including publicity, advertising & web content; in print and/or electronically.

I ACKNOWLEDGE AND AFFIRM THAT I HAVE CAREFULLY READ THE CONTENTS OF THIS RELEASE, FULLY UNDERSTAND ITS MEANING, AND SIGN THIS RELEASE VOLUNTARILY.

RIDER (Parent/Guardian, if a minor):

WITNESS:

X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Signature

X \_\_\_\_\_

X \_\_\_\_\_

Print Name

Print Name

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact # \_\_\_\_\_

**Helmets and Shoes with a 1/2" Heel Mandatory / ASTM safety approved helmets provided**