



LEGACY EQUESTRIAN CENTER

2021

SUMMER CAMP



»» → CAMP DATES ← ««

COST:

**FULL DAY
(9AM-3PM)**

\$410 per week

Due to Covid Pandemic measures, maximum number of campers per week is ten and will be split into two groups. Proper hand washing/sanitizing and mask protocols will be followed.

DATES:

- ★ June 14 - 18
- ★ June 21 - 25
- ★ June 28 - July 2
- ★ July 12 - 16
- PONY CAMP (5-8 YEAR OLDS)**
- ★ July 19 - 23
- ★ July 26 - 30
- ★ August 2 - 6
- ★ August 9 - 13

Great for learning responsibility! Every rider is involved in getting their own horse ready and returning them to their stall. This includes grooming, bathing and equipment maintenance.



5940 NEWHOUSE ROAD | EAST AMHERST, NY 14051 | 716.320.0280

CAMPERS LEARN HUNT SEAT RIDING, HORSE CARE, BASIC BARN FIRST AID, GROOMING, BARN CHORES, CRAFTS *and much more!*

- ★ Camp is open to any beginner to intermediate rider.
- ★ Campers will be placed in groups based upon skill level.
- ★ All campers are required to wear long pants or jeans and boots.
- ★ Helmets will be provided if you do not own one. No bike helmets allowed, as we follow all USEF rules and regulations.
- ★ Campers must bring their own lunch and plenty of water to drink!

PAYMENT INFORMATION:

- ★ A \$50 non-refundable deposit is required with the application and release forms. The remainder will be due at the start of the first day of selected session.
- ★ Please make checks payable to:
Legacy Equestrian Center
- ★ To register and reserve your space, complete application on back, and return by **May 22, 2021.**

QUESTIONS?

Call: (716) 320.0280

Email: legacyequestriancamp@gmail.com



TheLegacyEquestrianCenter.com

2021 LEGACY EQUESTRIAN CENTER

SUMMER CAMP APPLICATION

5940 NEWHOUSE ROAD | EAST AMHERST, NY 14051 | 716.320.0280

Camper's Name: _____

Age: _____ Experience (beginners are welcome!): _____

Parent's Name: _____

Address: _____

Parent's email address _____

Phone Numbers: _____

Allergies: _____

T-shirt Size (please indicate Youth S-L or Adult, XS-XXXL) _____

Requested Session Dates: _____

★ A \$50 non-refundable deposit is required with the application and release forms.
The remainder is due at the start of the first day of selected session.

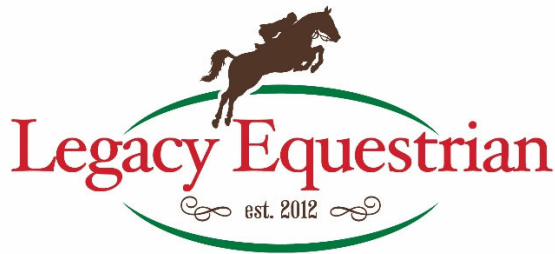
★ Please make checks payable to: **Legacy Equestrian Center**

Please mail application and deposit to:

Legacy Equestrian Center
2150 Wehrle Drive, Suite 400
Williamsville, NY 14221



www.TheLegacyEquestrianCenter.com



5940 Newhouse Road
East Amherst, NY 14051
716-580-7208
legacyequestriancamp@gmail.com

VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant Legacy Equestrian Center the irrevocable right and permission to use photographs and/or video recordings of my child on Legacy Equestrian Center and other related websites and in publications, promotional flyers/postcards/mailers, educational materials, or for any other similar purpose without compensation to me or our family.

I understand and agree that such photographs and/or video recordings of my child may be placed on the Internet. I also understand and agree that my child may be identified by name in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of my child. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of Legacy Equestrian Center.

Printed Name of Child/Camper Photographed/Recorded

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Signature of Witness (Legacy equestrian Center Representative)

Date

**HORSE RIDING AGREEMENT AND LIABILITY RELEASE FORM
FOR INDIVIDUALS RIDING THEIR OWN ANIMALS ON NON-OWNED PREMISES**

This form must be completed by and for each participant

LEGACY EQUESTRIAN CENTER, LLC

PREMISES OWNERS NAME, hereinafter known as "THIS STABLE".

LOCATION OR ADDRESS 5940 Newhouse Road, East Amherst, New York 14051

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

THIS STABLE DOES NOT GUARANTEE YOUR SAFETY OR THAT OF YOUR HORSE.

- A. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE** I, the following listed individual hereinafter known as the "RIDER", and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in horse riding on THIS STABLE'S premises, and that this RIDER will ride his/her own horse or one borrowed or leased by RIDER'S own arrangement, today and on all future dates:

RIDER NAME	AGE (If Under 21)
1.	

- B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the registered RIDER, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any disputes by the RIDER shall be litigated in and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "HORSE" hereinafter shall refer to all equine species. The term "HORSEBACK RIDING" or "RIDING" herein after shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "ME", "MY" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.
- C. **ACTIVITY RISK CLASSIFICATION** I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.
- D. **NATURE OF RIDING HORSES** I UNDERSTAND THAT: No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.
- E. **RIDER RESPONSIBILITY** I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the RIDER is in primary control of the horse. The RIDER'S safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard a moving animal. The RIDER shall be responsible for his/her own safety, and that of an unborn child, if the rider is pregnant. Pregnant women should ride horses only under the advice of their physician. THIS STABLE advises pregnant women not to ride horses.
- F. **CONDITIONS OF NATURE** THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.
- G. **INSPECTION OF PREMISES** I UNDERSTAND THAT: RIDER has inspected THIS STABLE'S facilities and trails and is satisfied that all premises conditions are reasonably safe for RIDER'S intended purpose, usage and presence upon THIS STABLE'S premises.
- H. **ACCIDENTAL/MEDICAL AND PERSONAL LIABILITY INSURANCE** I AGREE THAT: Should medical treatment be required, I and/or my own accidental/medical insurance company shall pay for all such incurred expenses. My accidental/medical insurance company is _____ and my policy number is _____. Should my actions or that of my horse cause injury or damage to any kind I and/or my own personal liability shall pay for such damages. My personal liability insurance company is _____ and my policy number is _____.
- I. **PROTECTIVE HEADGEAR WARNING** I AGREE THAT: I for myself and on behalf of my child and/or legal ward have been fully warned and advised by THIS STABLE that protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be purchased and worn while riding and being near horses and I do understand that the wearing of such headgear at these time may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences.
- J. **LIABILITY RELEASE** I AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the RIDER, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on its behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES' ordinary negligence; and I do further agree that except in the event of THIS STABLE'S gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE.

All Riders and Parents or Legal Guardians must sign below after reading this entire document:

SIGNER STATEMENT OF AWARENESS
I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER MINORS (under 21) must sign for themselves.	DATE _____
_____ for _____	DATE _____
SIGNATURE OF PARENT, GUARDIAN, AND/OR SPOUSE #1	NAME (PLEASE PRINT)
_____ for _____	DATE _____
SIGNATURE OF PARENT, GUARDIAN, AND/OR SPOUSE #2	NAME (PLEASE PRINT)
Address in full: _____	
Home Phone#: _____	
Bus. Phone#: _____	