

Gilford Parks and Recreation Department

LAKES REGION RIDING ACADEMY HORSEMANSHIP CAMP

Held at the Lakes Region Riding Academy

26 Young Road, Gilford, NH 03249

Camp Dates: **April 26 – April 29, 2021**

Camp Times: 9:00 – 12:00 noon each day

Cost: \$125.00 for the week

All participants must wear long pants and shoes or boots with a heel. **Participants must also wear a facemask while in the barn.** Riding helmets will be available at the barn.

Registration – Lakes Region Riding Academy Horsemanship Camp

Participant's Name: _____

Parent's Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

By signing below, I give permission for my child to participate in the Horsemanship Class sponsored by the Gilford Parks and Recreation Department and the Lakes Region Riding Academy. I understand that my child's photo may be taken during the course of the program to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website and/or facebook page. I understand that working with and riding horse can take place in a variety of conditions that include but are not limited to; exposure to extreme hot and/or cold, rain, and wind; on ground that may be uneven, wet and/or muddy and requires interaction with animals who can be unpredictable. I understand that working with and riding horses is a physical activity with inherent risks that may result in death, heat stroke and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I also understand that participating in the horsemanship program may subject me/my child to exposure to the COVID-19 virus. I accept all risks inherent to said activity and do hereby release the Gilford Parks and Recreation Department, the Lakes Region Riding Academy, their staff and volunteers assisting with this program from any liability arising out of any injury which my child may sustain during the normal course of the above mentioned program.

Parental Signature: _____ **Date:** _____

**** MAKE CHECKS PAYABLE TO: LRRA ****

**Return registration and check to: Gilford Parks and Recreation Department,
47 Cherry Valley Road, Gilford, NH 03249
Phone: 527-4722**