



SANDY HILL
FARM

2021 Pony School Registration Form

Sandy Hill Farm

14924 Van Buren St, West Olive, MI 49460

www.sandyhill.farm

Rider Information

Camper's Name: _____ Age: _____ Height/Weight: _____

Riding Experience: _____

Name of Parent(s) or Legal Guardian: _____

Address: _____ City: _____

State/Zip Code: _____ Preferred Phone#: _____ Email: _____

Session Choice (select one)

DAY CAMPS (9AM – 12:00PM, Monday – Friday) \$275.00 /per session Ages 6– 14

Summer 1: June 14-18 ___ Summer 3: July 12-16 ___ Summer 5: August 9-13 ___

Summer 2: June 21-25 ___ Summer 4: July 19-23 ___ Summer 6: August 16-20 ___

All riders must wear long pants. You are encouraged to provide your own helmet (Horseback riding helmet or bike helmet with a chin strap is OK) and heeled footwear (boot with a delineated heel of over a 1/4").

If you don't have these items they can be rented:

Riding helmet, \$15/week: Y / N

Riding Boots (if size is available), \$15/week: Y / N

TOTAL COST: _____

An invoice will be emailed to the responsible party for the total cost of registration. A full payment of the invoice secures your place at camp. That invoice can be paid with credit card, bank account, or a check can be mailed to:

Sandy Hill Farm, LLC

14924 Van Buren St,

West Olive, MI 49460



2021 Pony School Registration Form (Continued)

Sandy Hill Farm Barn Rules

RIDER'S NAME: _____ (Please initial after each rule)

1. WE ARE A SMOKE FREE ESTABLISHMENT. Smoking is not permitted anywhere on the premises. The use of drugs or alcohol is not allowed. _____
2. Please drive slowly and attentively at all times on the property. Please use the parking lot at the front of the building. Horses and riders as well as pedestrians have the right of way. Do not honk your horn or create any other distracting sound. As with any stable, horses may get loose from time to time and can appear from nowhere. _____
3. For the safety of our horses, staff, riders, and visitors, please do not bring dogs or any other animals to Sandy Hill Farm. _____
4. All riders must wear a helmet when riding a horse. _____
5. No one is to jump without being accompanied by a GLEC/Sandy Hill Farm instructor. _____
6. Horses are to be bathed in designated areas only (on wash rack pad) Please keep wash rack and tack up areas clean. Pick up after your horse, put manure in tubs. _____
7. All small children must be supervised and never left unattended while on the premises. No bike riding or ball playing is permitted within the fenced areas. No shouting, screaming or running is permitted in the barns. Do not feed, pet horses, or enter stalls or pastures without the permission. _____
8. Do not tie your horse to any fences or anything that is not specifically designed for that purpose. _____
9. PONY SCHOOL students, please make sure you plan on being here 15min before your lesson time to tack up your pony and 15min after to un tack. If you arrive later then 5min after your lesson time your lesson will be forfeited. _____
10. Walk your horses carefully in the barns, when putting them in and out of stalls. Other horses can reach out and bite or scare them. Even though we have provided rubber mats in barns, the concrete is very slick between the mat and the stall entrance. _____
11. Do not let your horse sniff other horses while you are riding or leading the horse on a lead rope. Horses may kick, bolt or strike as a result. _____
12. Please keep the gate from the driveway to the barn area closed. So if horses get loose they cannot go onto the road. _____
13. All riders must yield the track at any time to the riders in lessons. If no lessons are in progress, riders cross left shoulder to left shoulder. Do not stop on the track suddenly without warning others. _____
14. Sandy Hill Farm, LLC is not responsible for any lost or stolen articles. _____
15. Disobedience or disrespect to other students and/or instructors and/or employees will not be permitted. _____

_____ Date: _____

Rider's signature

_____ Date: _____

Parent's or Guardian's Signature



2021 Pony School Registration Form (Final Page)

Sandy Hill Farm Release Agreement and Emergency Medical Release

WHEREAS, the UNDERSIGNED acknowledges the inherent risk involved in riding and working around horses, which risks include but not limited too using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and/ or working, around horses at SANDY HILL FARM, LLC the undersigned does hereby agree to hold harmless and indemnify SANDY HILL FARM, LLC and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the undersigned or to any family member or spectator accompanying the Undersigned on the premises of SANDY HILL FARM, LLC.

THE UNDERSIGNED acknowledges receipt of warning set forth below:

WARNING : UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.

Enrolled house bill No.5006

(1994)

Rider's signature Date: _____

Parent's or Guardian's Signature Date: _____

RIDER'S INFORMATION: Name: _____ Date of Birth: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

(Please give 2 contacts, in order of who we should call first, etc., in case of emergency) Name Relationship, Phone number:

1. _____ PHONE: _____

2. _____ PHONE: _____

MEDICAL INFORMATION OF RIDER:

List any prior medical history or conditions: _____

Allergies: _____

Current Medications: _____

Doctor: _____ Phone #: _____

Date of Last Tetanus Shot: _____ Contact Lenses: _____

Medical Insurance Company: _____

Policy/Contract #: _____

RELEASE FOR A RIDER:

If emergency care is required for: Child's Name if minor: _____ and permission is not available from a parent or legal guardian in a timely manner, or an accompanying spouse or relative is unavailable, then I, the undersigned, authorize appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it.

Signature: _____ Date: _____

(Parent or Guardian listed above must sign if minor)