



Welcome to Horse Camp 2012!

Instructions for Registration:

Thank you for choosing Trot N' Tots Summer Camp Program for your family! Please fill out each form in its entirety, and please be sure to carefully read the contract agreement before signing it.

If you are sending more than one child, please make copies of both the contract form and the registration form for each individual. Trot N' Tots will not accept incomplete forms or improperly filled out forms.

You may mail, fax, or email the completed forms to Trot N' Tots. Addresses are printed below. Please send a check or money order addressed to Brittany Wilcox for the full amount of all camp tuitions along with any coupons. Do not mail cash.

Trot N' Tots mailing address:
2460 Virginia heights
Cumming, Ga 30041

Trot N' Tots email address:
Brittany@trotntot.com

Trot N' Tots fax number:
770-844-1246

For questions or concerns, please call Brittany at 678-977-8553

Thank you for your interest in our Summer Camps!

Registration Form:
(Please fill this form out in its entirety)

Childs Name: _____ Childs Age: _____

Childs riding experience (Please be as accurate as possible; it could be a possible hazard to your child to say they have had riding experience if they have only ridden a couple of times):

Please Circle the type of camp you wish to enroll your child in and the coordinating group of available dates:

Toddler: June 4-6 (9-1pm)

Beginner: June 11-13 or June 18-20 (9-1pm)

Intermediate: June 25- 28 (8-2pm)

Contact Information:
(please print)

Father's name: _____ phone (h): ____ - ____ - ____ (c/w) ____ - ____ - ____

Mother's name: _____ phone (h): ____ - ____ - ____ (c/w) ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

Please list any allergies/medical conditions your child has:

Please list **all** foods and beverages your child may not have:

How you heard about us:

If you would like to join our Email list to hear about upcoming events, discounts and promotions, please write your email address here:

Emergency Medical Information
(please print)

Childs Name: _____ **Home Phone:** _____

Fathers Name: _____

Work phone: _____ **Cell phone:** _____

Mother name: _____

Work phone: _____ **Cell phone:** _____

Childs Physician: _____ **Office Phone:** _____

Physician's address: _____

Allergies: _____

*All food allergies require written documentation by a physician

Special Medical Needs: _____

Daily Prescribed Medications: _____

Emergency Medical Facility:

Northside Hospital Forsyth
1200 Northside Forsyth Dr.
Cumming, GA 30041
(770) 844-3200

(Or closest emergency medical facility at the time of the incident)

I believe the above information to be true and correct. It is my responsibility, as the child's parent/guardian to immediately update this form if any information should change.

We hereby grant Trot N Tots/ TNT Stables/ Brittany Wilcox permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. We hereby agree that we will be solely responsible for and will promptly pay any expenses incurred by Trot N Tots/ TNT Stables/ Brittany Wilcox in making emergency medical treatment available to the above named child.

(Parents signature)

(Date)

Please list the names and numbers of people who are qualified to make medical decisions for your child:

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

In the event of an emergency where the rider is unconscious and the above mentioned people cannot be reached, the following should be done:

In the event of an emergency where the rider is conscious and the above mentioned people cannot be reached, the following should be done:

Please circle one in answer to the following statement: Always call 911 for my child during an emergency.

YES.

NO.

Please list any other medically relevant information we may need in regards to your child:

Trot N' Tots, and Tuttle Farm
5260 Picklesimer rd
Cumming, Ga 30041
678-977-8553

STATE OF GEORGIA COUNTY OF FORSYTH
RELEASE OF CLAIMS FOR PRESENT AND FUTURE INJURIES OR DEATHS

I (NAME) _____ of (ADDRESS) _____ being of lawful age, do on behalf of myself and anyone who accompanies me to or on the TUTTLE FARM hereby represent and affirm that all of us have been trained and instructed in equestrian and equine activities. By requesting permission for any of us to work, ride, and/or be around horses, other livestock, farm and equine equipment, tack and barns (here in after "THE RELEASED ACTIVITY"), we certify that we are cognizant of all dangers inherent in horseback riding, farm activities and the released activity and of the basic safety rules for activities connected therewith.

We understand that Brittany M. Wilcox, Lauren Hansen, Bob Tuttle and Kathy Tuttle along with its family members, employees and agents (here in after "RELEASED PARTIES") have accepted these representations, that each of us is knowledgeable about the released activities and that none of us look to them to teach safety rules or monitor any of my actions to prevent injury or damage for any of us. Each of us also understands that each of us is responsible for the safety and good operating condition of any tack and equipment any of us use regardless of where any of us obtain it.

Each of us understands and agrees that none of the released parties shall be liable in any way for any occurrence in connection with the released activity in which any of us participate which results in injury, death, or other damages to any of us or members of our family, our heirs or assigns, even if the occurrence is the result of negligence of one of the released parties, unless the occurrence is the result of willful or wanton negligence. Each of us recognizes and appreciates that the released activity is dangerous and that severe injury or possibly death may result to any of us from each of our participation. Each of us understands and appreciates that horses may act in any unpredictable manner and may become overly excited and do injury to any of us. Each of us understands that other riders may be inexperienced, reckless, or may act in an unsafe manner from time to time. Each of us understands and appreciates that the released parties do not guarantee the safeness of the riding ability or habits of any others around whom any of us may be, or the safeness of any of the horses being used in connection with the released activities by any of us or any other around us.

In consideration of any of us being allowed to participate in the released activity, each of us hereby personally assumes all risks in connection therewith, and each of us further releases the released parties from any injury or damages, whether or not the result of negligence (unless willful or wanton negligence) which may befall any of us. Each of us further agrees and undertakes to save and hold harmless the released parties from any claim (including without limitation, expenses of litigation and attorney's fees) by any of us, our family, estate, heirs or assigns, arising out of any of us participation in any released activities.

Each of us further acknowledges that any of us, while participation in the released activities, may be on property or premises not owned by the released parties. Each of us understands and agrees that none of the landowners may be held liable in any way for any injury, damage, or death that may result to any of us while on their property, each of us agrees to hold them harmless therefrom.

I am of lawful age and legally competent to sign this affirmation and release on my behalf and behalf of family. I understand the terms herein are contractual and not a mere recital. I have signed this document as my own free act and explained it and will explain it to my children, other family members and any persons accompanying me. I have freely informed myself of the contents of their affirmation and release by reading it before I signed it. I understand that I and my family are, among other things, expressly releasing the released parties from any damages resulting from the released activities. This is a full and complete release, among other things, of any right to recover against the released parties for injury or death.

WARNING

Under Georgia law, an equine activity sponsor or equine professional is not liable for any injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant of chapter 12 of title 4 of the official code annotated.

Signed this ____ day of ____, 20____ Signed _____
(date) (month) (year)

Witness _____