



Kraus Farms Equestrian Center

333 Hillsboro Road, St. Louis MO 63049
Phone: 636-225-9513 Fax: 636-225-6628
Or, visit us at: www.krausfarms.com

2019 Summer Riding Camp Enrollment Form

Camper Contact Information:

Name: _____ Address: _____
Home Phone: _____ Mobile Phone: _____ Email: _____
T-shirt Size (circle one): Youth: XS S M L OR Adult: S M L Age (as of 5/1/2019): _____

Emergency Contact Information:

Please list 2 emergency contacts:
Name: _____ Relationship: _____ Day Phone: _____
Name: _____ Relationship: _____ Day Phone: _____
Name of Physician: _____ Phone: _____ Insurance Carrier: _____
Preferred Hospital: _____ Insured's Name & ID#: _____

I, _____, agree to pay ANY medical costs and give permission for my child to be treated if I cannot be reached.
Parent/Guardian Signature: _____ Date: _____

Please list ALL allergies and medical/mental conditions. This information MUST accompany this registration form: _____

Riding Background:

How did you hear about us? _____
Have you previously attended a Kraus Farms Summer Camp?
 Yes: If yes, most recent year? _____
 No
How many hours have you ridden?
 0 1-10 11-20 20+
Riding preference:
 English Western Unknown

Enrollment Guidelines – Please Read

- All campers must have the ability to follow and execute oral instructions.
- All camps are 5 days unless otherwise stated.
- Deposits are not refundable.
- Balances for all camps are due by May 1, 2019.
- Kraus Farms reserves the right to change or cancel any camp due to low enrollment.
- Confirmation of the camp reservation will be sent via email. We strongly encourage early registration to ensure your first choice.

Camp Options:

Age 7-14
Age 7-14 camps are **Mon.-Fri. 5-day camps**
(unless otherwise specified below).

Age 5-6
Age 5-6 camps are **Mon.-Thur. 4-day camps**
(unless otherwise specified below).

Camp Selection(s)
↓

| | <i>Hours for all age 7-14 camps are 8 a.m. to 3 p.m., with an aftercare option available.</i> | | <i>Half-day and full-day options are offered, as specified below, with an aftercare option available for full-day camps.</i> | |
|---|---|--|--|---------------------------|
| Session | Camp | Cost | Camp | Cost |
| A. May 20-24 (may pick preferred # days) | 1) Hats & Chaps 2) Manes & Tails | \$76/day (\$380/week) \$75/day (\$375/week) | 27) Mini Buckaroo (Mon.-Thur. full-day: 8 a.m.-3 p.m.) | \$75/day or \$285/week |
| B. May 28 - 31 (no camp May 27) | 3) Hats & Chaps (FULL) 4) Manes & Tails (FULL) | \$308 (4 days) \$303 (4 days) | 28) Mini Buckaroo (Tue.-Thur. full-day: 8 a.m.-3 p.m.) | \$215 (3 days) |
| C. June 3 - 7 | 5) Grand Prix/Hunter Hounds 6) Manes & Tails (FULL) | \$385 \$375 | 29) Mini Buckaroo (Mon.-Thur. full-day: 8 a.m.-3 p.m.) | \$285 |
| D. June 10 - 14 | 7) Wrangler (FULL) 8) Manes & Tails (FULL) | \$385 \$375 | 30) Mini Buckaroo (Mon.-Thur. full-day: 8 a.m.-3 p.m.) | \$285 |
| E. June 17- 21 | 9) Hats & Chaps (FULL) 10) Manes & Tails (FULL) | \$380 \$375 | 31) Mini Buckaroo (Mon.-Thur. full-day: 8 a.m.-3 p.m.) | \$285 |
| F. June 24 - 28 | 11) Short Stirrup/Hunter Hounds 12) Manes & Tails (FULL) | \$385 \$375 | 32) Mini Buckaroo (Mon.-Thur. full-day: 8 a.m.-3 p.m.) | \$285 |
| G. July 1 - 5 (no camp July 4) | 13) Cowboy Camp/Hats & Chaps 14) Manes & Tails (FULL) | FULL \$308 (4 days) \$303 (4 days) | (No Mini Buckaroo camp this week) | |
| H. July 8 - 12 | 15) Wrangler (FULL) 16) Manes & Tails (FULL) | \$385 \$375 | 33) Mini Buckaroo (Mon.-Thur. half-day: 8 a.m.-12 p.m.) | \$230 |
| I. July 15 - 19 | 17) Short Stirrup / Hunter Hound 18) Manes & Tails (FULL) | \$385 \$375 | 34) Mini Buckaroo (Mon.-Thur. full-day: 8 a.m.-3 p.m.) | \$285 |
| J. July 22 - 26 | 19) Wrangler (FULL) 20) Manes & Tails (FULL) | \$385 \$375 | 35) Mini Buckaroo (Mon.-Thur. full-day: 8 a.m.-3 p.m.) | \$285 |
| K. July 29 - Aug. 2 | 21) Hats & Chaps (FULL) 22) Manes & Tails (FULL) | \$380 \$375 | 36) Mini Buckaroo (Mon.-Thur. full-day: 8 a.m.-3 p.m.) | \$285 |
| L. Aug. 5 - 9 | 23) Wrangler (FULL) 24) Manes & Tails (FULL) | \$385 \$375 | 37) Mini Buckaroo (Mon.-Thur. half-day: 8 a.m.-12 p.m.) | \$230 |
| M. Aug. 12-16 (may pick preferred # days) | 25) Hats & Chaps 26) Manes & Tails (FULL) | \$76/day (\$380/week) \$75/day (\$375/week) | 38) Mini Buckaroo (Mon.-Thur. full-day: 8 a.m.-3 p.m.) | \$75/day or \$285/week |



Aftercare is available for full-day camps from 3 to 5 pm at \$15 per day (\$60 if 4-day camp or \$75 if 5-day camp).

**Full aftercare fee must accompany your initial deposit & registration form.*

Please return this completed form with payment to the address listed on the front of this form or in person at the Kraus Farms office.

Thank you!

| 1st Camp Choice: | |
|---|----------|
| -Session (A-M): | _____ |
| -Camp (1-38): | _____ |
| | \$ _____ |
| 2nd Camp Choice: | |
| <input type="radio"/> only if 1 st choice is not available | |
| <input type="radio"/> in addition to 1 st choice (sign camper up for both, if available) | |
| -Session (A-M): | _____ |
| -Camp (1-38): | _____ |
| | \$ _____ |
| If a full-day camp: Does your child need aftercare (3-5 p.m.)? | |
| <input type="radio"/> Yes (If yes, enter \$ below) | |
| <input type="radio"/> No | |
| TUITION ENCLOSED: | |
| Deposit Required: | \$ 175 |
| Additional Camp Deposit(s): | \$ _____ |
| Aftercare (\$15/day)*: | \$ _____ |
| Total Enclosed: | \$ _____ |
| Balance due by May 1: | \$ _____ |

WARNING-

**UNDER MISSOURI LAW AN EQUINE PROFESSIONAL IS NOT
LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT
IN EQUINE
ACTIVITIES RESULTING FROM THE INHERENT RISKS OF
EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF
MISSOURI.**

FOR MORE INFORMATION CONTACT MISSOURI EQUINE COUNCIL

RIDERS NAME _____

GUARDIAN OR PARENTS SIGNATURE _____

DATE _____

RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

By this agreement, made and entered this _____ d a y of _____, 20____ by and b e t w e e n _____, who resides at _____, hereinafter referred to as "I", and KRAUS FARMS, INC. at 333 Hillsboro Rd. High Ridge, MO 63049, hereinafter referred to as "THIS STABLE".

IT IS HEREBY AGREED TO AS FOLLOWS: 1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at

THIS STABLE, and that student will either ride his or her own horse, or school horses provided by THIS STABLE for Instructional purpose.

2. That in the last two years student has ridden horses (write student's name or names beside appropriate riding time.):

Less than 10 Hours Student's Name: _____

10 to 20 Hours Student's Name: _____

20 Hours or More Student's Name: _____

3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural Instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up In front, or to bite; that horses are ex- tremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3.1/2 to 5.1/2 feet. I understand these risks, and I voluntarily assume these risks and dangers.

4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to himself and others.

5. That I have been advised that students should purchase and wear a helmet or hard hat and to wear it in and around THE STABLE so as to prevent horse related injuries.

6. LIABILITY RELEASE: That I understand that, except in the event of THIS STABLE's want on and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on THIS STABLE's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse show, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage.

In consideration of being permitted to participate in all aspects of equine activity including but not limited to lessons, boarding, or riding, I understand that except for an intentional tort or gross negligence, I for myself or my legal ward, charge, person for who I am legally responsible, and personal property as well as personal representatives, my heirs, administrators and assigns, release, waive, discharge and covenant not to sue this stable and any of its officers, agents, servants, or employees, from all liability, all claims, all demands, all actions, and all causes of action, now or in the future, sustained by my person, or that of my child or ward, charge, person for whom I am legally responsible, and or property caused by the negligence of this stable.

The undersigned hereby expressly agrees that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the state of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I further state that I have carefully read the foregoing General Release, know the contents thereof and have signed the General Release as _____ Initial my own free act on behalf of myself and my personal representatives, heirs, administrators and assigns as well as my child or ward, charge, person for whom I am legally responsible, and or property.

7. That the student Is currently covered by accident medical insurance and will remain insured for the duration of all riding instruction at THIS STABLE

Name of insurance company is _____ Policy number is _____ That I further understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of Incurred bills.

8. That this agreement is entered into in the state of Missouri and will be interpreted and enforced under the laws of this state.

9. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to THIS STABLE's rules attached as Exhibit "B" and Incorporated herein by this reference.

10. In order to be in the Kraus Farms Summer Camp and/or lesson program individual must possess the ability to follow and execute oral instructions.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT THIS DATE.

FULL NAME(s) OF STUDENT RIDER(s) IF UNDER AGE OR GUARDIANSHIP. 1. _____

AGE: _____

2. _____ AGE: _____

3. _____ AGE: _____

4. _____ AGE: _____

Listed on reverse side are the details of any allergies, ailments or handicap a student may have, and of which THIS STABLE should be aware.

STUDENT SIGNATURE: _____ DATE: _____

FULL ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

Parent/Legal Guardian signature required for all assistants under the age of 18.

PARENT/GUARDIAN SIGNATURE: _____