



Champagne Run, Inc.

Boarding – Lessons – Training
5991 Old Richmond Rd.
Lexington, KY 40515

Dear Camper and Parents,

We would like to welcome you to Champagne Run's 2011 Intermediate/Advanced Summer Camp. We have written this letter to hopefully answer some questions you may have. But first, there is the paperwork. Please fill out the form below and bring them with you on the first day of camp.

Camp will start at 8:00 and last until 1:00. Parents may drop campers off as early as 7:30. Campers should bring their own lunches and plenty of drinks. Please be sure to put the camper's name on the lunch to avoid any mix-up. A refrigerator will be available to put lunches and drinks in. We also provide a water cooler with ice water and cups, which we encourage the campers to drink during the hot summer days.

Campers will need to bring the following: proper riding clothes, helmet (if they have one), change of clothes, and sunscreen. (Note: Please make sure you send the camper in clothes that are okay to get dirty or wet.) If camper has a saddle, feel free to bring it as well.

Please note that our refund policy is to give a refund, less a \$25 office fee, only if we are able to fill the spot with another camper.

If you have any questions, please feel free to contact Steph at (859) 263-4518 or Kelly at (859) 523-3768. We are all looking forward to working with the campers for a fun filled and educational Summer Camp 2011!

Sincerely,

Summer Camp Staff



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Camper's Information - 2011

Name : _____ Date of Birth: _____

Address : _____

Parent/Guardian: _____

Allergies: _____

Current Medications: _____

Other Medical Conditions: _____

Medical Doctor: _____ Phone: _____

Emergency Contact Person : _____

Relation to Camper : _____

Telephone #: _____

Medical Care Release

If emergency medical care is needed for the above listed child and if permission is not available in a timely manner from myself or the above emergency contact, then I authorize appropriate emergency medical care as deemed necessary by emergency medical personnel or facility providing the treatment.

Signature (parent or guardian) _____

Release of Liability

I do hereby acknowledge that riding or handling a horse, or being on the premises where horses are present, is an inherently dangerous activity that may, through no fault of my own, give rise to injury to me. I hereby waive any and all claims of liability and damages therefrom to which I may be entitled resulting from any action by any horse while on the premises of Champagne Run Farm, Inc.

Signature (parent or guardian) _____