



2021 SUMMER CAMP!

RESERVE YOUR SPOT NOW!

Riding activities may include:

Games that emphasize basic horsemanship
Obstacle course
Bareback riding
Western Dressage
Trail ride (experienced riders)

Educational activities may include:

Feeding
Playing horse-related games
Tack care
Horse conformation and lameness
First aid
Stall care
Horse breeds and colors

June	July	August
June 7th-12th (Regular & PeeWee)	July 5th-10th	August 2nd-7th
June 14th-19th,	July 12th-17th	August 9th-14th
June 21st-26th	(Advanced Riders & Pee Wee)	(Both Weeks in August are Regular & Pee Wee)
June 28th-July 3rd	July 19th-24th	
(Regular & Pee Wee)	(Advanced Camp)	
	July 26th-July 31st	

Our camps offer your child a week of total immersion in all things equine. For the first five days of each session students will ride one to two times a day, and participate in activities designed to help them learn about safety, horsemanship, stable management and equine anatomy. On the final day students will demonstrate their new skills and present their project at a mini horse show held at the barn. We have four instructors plus additional interns to staff our camp program.

Each Regular Camp session is limited to approximately 10 students so you can be sure your child will receive individual attention. We will provide lunch and snacks. Students should bring plenty of water every day. In addition, each student must have an approved helmet, boots, and appropriate riding pants (breeches or jeans), and gloves are optional. Our Regular Camp session are Monday thru Friday from 8:30a to 4p and Graduation on Saturday is from 9a-11a approximately.

The cost for each Regular Camp session is \$625 per student with a \$300 deposit due when you return the attached registration form. Siblings attending the same camp and students who attend more than one session this summer are eligible for a \$25 discount for the second student or for each additional camp in the same summer. There's an additional \$25 discount if you register and pay the deposit by April 30.

Regular Camp Campers must be at least 6 years old.

Each Pee Wee Camp session is limited to approximately 6 students so you can be sure your child will receive individual attention. We will provide snacks. Students should bring plenty of water every day. In addition, each student must have an approved helmet, boots, and appropriate riding pants (breeches or jeans), and gloves are optional. Our Pee Wee Camp session are Monday thru Friday from 8:00a to 12p and Graduation on Saturday is from 9a-11a approximately.

The cost for each Pee Wee session is \$450 per student with a \$225 deposit due when you return the attached registration form. Siblings attending the same camp and students who attend more than one session this summer are eligible for a \$25 discount for the second student or for each additional camp in the same summer. There's an additional \$25 discount if you register and pay the deposit by April 30.

Pee Wee Campers are students who are 4 to 6 years old.

For our Advanced Rider Camp, your student must be approved by an MMS Instructor to attend this week of camp. Advanced Camp can be added to any week of camp provided we have a minimum of 4 advanced campers.

Camp Address: 1726 Upland Drive, Houston, TX 77043 Mailing Address: 17402 Kickapoo RD., Waller, TX 77484

Contact Us: lessons@magicmomentsstable.com Cell: call or text 832-499-2542



Magic Moments Stable

Magic Moments Stable Summer Day Camp 2021

ENROLLMENT FORM

Student's Full Name: _____

Mailing Address: _____

City, State, Zip: _____

Mother's Name: _____ Father's Name: _____

Main Contact's email address: _____

Important Telephone Numbers:

Home: _____ Parent's Work Numbers:

Mom's Cell _____ Mother _____

Dad's Cell _____ Father _____

Other: _____ Relationship: _____

How did you hear about us: _____ Deposit Enclosed: _____

Sessions to Attend: _____

The Non-refundable deposit is \$ 300 for each week selected. If possible; we will transfer your deposit to another camp date or exchange it for riding lessons within 60 days of the scheduled camp in case of an emergency or illness.

Remember that your camper must bring with them on the first day:

- | | |
|---|-----------------------------------|
| _____ Medical Release (Notarized) | _____ Boots |
| _____ Liability Waiver (signed by both parents) | _____ Half- Chaps (for Lower Leg) |
| _____ Balance due for camp (\$ 325.00) | _____ Helmets & Gloves |
| _____ Sunscreen | _____ Riding Pants or Jeans |
| _____ Water | _____ Positive Attitude |

Questions? Call Our Schedule Coordinator at 832-499-2542 or best email to lessons@magicmomentsstable.com Mail this form and payment to: Magic Moments 17402 Kickapoo Rd. Waller, TX 77484



Magic Moments Stable

AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR MINOR CHILD

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between Magic Moments Stable., hereinafter referred to as "Management" and _____, hereinafter referred to as "Parent." Management is hereby authorized to obtain any and all medical treatment Management deems reasonably necessary for my minor child and/or children. Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Management shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of Child(ren)	Social Security Number
_____	_____
_____	_____
_____	_____

Health Insurance Carrier: _____

Plan or Identification Number: _____

Primary Health Care Provider & Telephone Number:

Parent's Names and Emergency Telephone Numbers:

_____	_____	_____	_____
Mother's Name	Work Telephone	Home Telephone	Cell Phone

_____	_____	_____	_____
Father's Name	Work Telephone	Home Telephone	Cell Phone

Signature of Parent or Guardian

STATE OF (_____))SS:

COUNTY OF (_____)

The foregoing instrument was subscribed and sworn to before me by _____, Parent or Guardian, on the _____ day of _____, 20_____.

NOTARY PUBLIC

My commission expires:

CONSENT AGREEMENT AND LIABILITY RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING.

I, _____, do for myself and/or on behalf of my minor child or legal ward, hereby voluntarily request to be permitted to participate in equine activities on premises owned, leased or otherwise used by Magic Moments, Inc. and/or _____. These equine activities may include but are not limited to general recreation, riding, caring for, boarding, buying or just viewing the horses.

In this agreement, I understand that the term "**released parties**" will include Magic Moments, Inc., its owners, officers, employees, trainers, clinicians, agents and representatives, as well as the owners, lessors and/or lessees of any property used for these equine activities, including their respective trainers, servants, agents, employees, officers or partners.

I am fully aware and 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 extremely 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 that I, or my minor child or legal ward, could be injured as a result of any of these or other actions of a horse. I understand these risks, and I voluntarily assume these risks and dangers.

I further understand that upon mounting a horse and taking up the reins, the rider is in primary control of the horse, and that the released parties are not responsible for the results of the rider's actions or inactions, or for the actions of the horse. I am aware that the wearing of an approved riding helmet can reduce the chance of injury to me and/or my minor child or legal ward and agree to wear such helmet at all times while mounted on a horse.

I fully understand and agree that I, alone, am to be responsible for any bodily injury or property damage which I or my minor child or legal ward should sustain on the premises and/or trails of the released parties while engaged in equine activities, and for any time I or my child or legal ward should 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 acknowledgement of the above, I hereby, for myself, my heirs, administrators and assigns, **RELEASE AND DISCHARGE AND AGREE TO HOLD HARMLESS** the released parties and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person or property, or to that of my minor child or legal ward, **whether or not such injury or property damage resulted from the negligence or gross negligence** of the released parties or resulted from any defect in tack or equipment that might be used on or around a horse.

I understand and agree that, in exchange for being permitted to participate in equine activities associated with the released parties, I am voluntarily assuming the risks of any injury or property damage that might occur for **ANY REASON** and acknowledge my agreement that I may not bring a lawsuit or a claim of any kind against the released parties for such injuries and/or property damage. If I should bring such claim or lawsuit in violation of this agreement, I agree that I shall be liable to the released parties for any and all reasonable attorneys' fees and expenses that may be incurred by the released parties in defending against such claims.

I further agree to indemnify and reimburse the released parties for any injury and/or property damage caused to any third person as a result of any action or inaction on my part. This indemnification includes the reasonable cost of attorneys' fees and expenses incurred by the released parties in defending against any such suit.

I understand and agree that this Agreement and Liability Release is being entered into in the state of Texas, and the laws of the State of Texas shall govern its terms and conditions. The parties agree that if any term or condition is found to be invalid under the laws of Texas, such offending term or condition shall be stricken from the agreement without affecting the other terms and conditions.

WARNING
UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

As testimony to the fact that I have read and understood the above, I agree to and do hereby write out the following statement in my own hand: "I HAVE READ AND DO UNDERSTAND ALL THE ABOVE CONCERNING THE RISKS AND RELEASE OF LIABILITY."

Write out statement above here _____

SIGNED _____

DATE _____

PRINTED NAME: _____

GUARDIAN OR PARENT OF: 1. _____

2. _____