

Join Us for 2024 Summer Riding Camp



Weekly Camp Runs From June 3rd- August 16th
All ability levels welcome from ages 6 and up!

This summer, send your kids to Northeast Ohio's premier equestrian center to discover the thrill of horseback riding through daily riding lessons by qualified instructors, unmounted horsemanship lessons, crafts and more as they make life-long friends with other campers that share in the love of horses. A limited number of campers from age 6 and up can attend our fun-filled nine weeks of half and full-day riding camps here at Chagrin Valley Farms.



Space is VERY limited!
Register today and
make this a summer your
child will never forget!

Choose From:

Weekly Full Day - \$750/wk

(includes 2 riding lessons per day)

All Day 9:00 AM to 3:30 PM

Weekly Half-Day Options - \$450/wk

(includes 1 riding lesson per day)

Morning: 9:00 AM to Noon (or)

Afternoon: 12:30 PM to 3:30 PM

see registration form for details



**SCAN TO
LEARN MORE**

www.ChagrinValleyFarms.com

call (440) 543 -7233

9250 Washington St.
Chagrin Falls, OH 44023

2024 Summer Riding Camp Registration

Camper Name: _____ Age: _____

Riding Experience: None ☐ Walk/ Trot ☐ Walk/Trot/Canter ☐ Some Jumping ☐

Parent Names and Phone Numbers: _____

Mailing Addresses: _____

Email Addresses: _____

Campers T-Shirt Size: _____ My camper will be attending with the following friends:

2024 DATES

CIRCLE ALL THAT APPLY:

WEEK 1	June 3-7	9:00-Noon	12:30-3:30	All Day
WEEK 2	June 10-14	9:00-Noon	12:30-3:30	All Day
WEEK 3	June 17-21	9:00-Noon	12:30-3:30	All Day
WEEK 4	June 24-28	9:00-Noon	12:30-3:30	All Day
WEEK 5	July 15-19	9:00-Noon	12:30-3:30	All Day
WEEK 6	July 22-26	9:00-Noon	12:30-3:30	All Day
WEEK 7	July 29-Aug 2	9:00-Noon	12:30-3:30	All Day
WEEK 8	August 5-9	9:00-Noon	12:30-3:30	All Day
WEEK 9	August 12-16	9:00-Noon	12:30-3:30	All Day

_____ weeks of half day camp X \$450.00 per week Total: \$ _____ Deposit: \$ _____

_____ weeks of full day camp X \$750.00 per week Total: \$ _____ Deposit: \$ _____

A 50% nonrefundable deposit per week is required at time of registration. Balance will be due 2 weeks prior to camp.

Payment Method: Check# _____ Total Payment: _____ Send Quickbooks Invoice: ☐ *Adds 3% fee

Credit Card Number: _____ Exp. Date: _____

Name on Credit Card: _____

Security Code: _____ Zip Code: _____

Mail To: Chagrin Valley Farms PO Box 714 Chagrin Falls, OH 44022 440-543-7233

Chagrin Valley Farms

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Updated May, 2020

Section 2305.321 of the Ohio Revised Code (the "Statute") identifies certain risks that are inherent in an "equine activity" and specifies that an equine participant assumes those inherent risks.

Under the Statute, an "inherent risk of an equine activity" includes, but is not limited to: (a) the propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; (c) hazards, including, but not limited to, surface or subsurface conditions; (d) a collision with another equine, another animal, a person, or an object; and (e) the potential of an equine activity participant to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Pursuant to the Statute, and in consideration of the permission of CVF LLC and 9250 E Washington LLC; herein referred to as "Chagrin Valley Farms" to permit the undersigned [or the undersigned's child/ward/invitee/guest] to enter upon the Chagrin Valley Farms premises and/or to participate in or observe equine activities at any Chagrin Valley Farms facility or event, the undersigned, for and on behalf of myself, my heirs, executors, administrators, legal representatives, invitees, and assigns (collectively, the "releasing Parties"), waive and release, and shall indemnify, defend and hold harmless, Chagrin Valley farms, its owners, employees, agents, representatives, invitees, successors, and assigns, as well as any equine professional [as defined in the Statute] and veterinarian at Chagrin Valley Farms (collectively, the "released Parties:"), from any and all claims, demands, actions, causes of action, liability, damages, injuries, losses [whether to person or property including horses] that the Releasing Parties now have or hereafter may have against any one or more or all of the Released Parties arising from, or in connection with, any equine activity at any Chagrin Valley Farms facility, or under the sponsorship of Chagrin Valley Farms.

The undersigned authorizes any Released Party to render first aid treatment to any Releasing Party while at any Chagrin Valley Farms facility or activity.

In addition, it is understood that the undersigned or the undersigned's child/ward/invitee/guest may come into contact with individuals who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to Covid-19. It is impossible to eliminate the risk of exposure and / or infection and I release all parties connected to Chagrin Valley Farms from the liability should exposure or infection occur due to participation in any activity or event held at Chagrin Valley Farms.

Printed Name of Participant or legal guardian if participant is under the age of 18

DATE: _____

Signature of Participant or legal guardian if participant is under the age of 18

Address: _____ Email: _____

City, State and Zip: _____ Phone: _____

Name of Child [if participant is under the age of 18]

D.O.B. [MM/DD/YYYY]: ____/____/____ Current Age: _____

Emergency Contact Name: _____ Phone: _____



CHAGRIN VALLEY FARMS

PHOTO RELEASE

I hereby grant CVF LLC and 9250 E Washington LLC, dba Chagrin Valley Farms, and parties designated by it the irrevocable right to use my (or my minor child's) photograph or likeness of me (or likeness of my minor child) in photographs taken for web site usage, advertising, ad display and editorial use, without restrictions as to changes, alterations, and/or distortions. I fully release these parties from any and all claims and causes of action that I may have now or in the future relating to my voluntary submission of photos of myself (or my minor child), including and without limitation, claim for libel or invasion of privacy. I am not being compensated by anyone. I have read this release and fully understand its content.

Name of riders, _____

campers, or camp

assistants: _____

Signature

(Parent if minor) _____

Printed Name : _____

Date : _____