



# RIDING CAMP

For riders 6 years and up

at Chagrin Valley Farms

Crafts  
Games  
Fun Around the Farm

Grooming  
Horses  
Friends  
Daily Riding Lessons

March 29 – April 2  
9:00 am – noon

\$90.00  
per day  
\$350.00  
for the week

Registration is now OPEN!

Camper Name: \_\_\_\_\_

Age of Camper: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

**Riding Experience: Circle One**

None Walk / Trot Canter Jumping

Questions? Email Sue at  
sueford@chagrinvalleyfarms.com

**Days Attending : Circle All**

3/29 3/30 3/31 4/1 4/2

Payment Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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,

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campers, or camp

assistants:

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Signature

(Parent if minor)

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Printed Name :

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Date :

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