

**A MOMENT IN TIME SHOWS, LLC  
41191 BRETON BEACH ROAD PO BOX 1338  
LEONARDTOWN, MD 20650  
301-475-5434**

**REGISTRATION FOR DAY CAMP 2010**

*By entering the activity, the Rider (and Guardian of the Rider) agrees not to hold A Moment in Time Shows, LLC, A Moment in Time Farm, LLC, their affiliates, members, employees, agents and/or volunteers responsible for any injury, loss or damage incurred. The Rider (and Guardian of the Rider) represents that he/she has the requisite training, coaching, and abilities to safely be in this activity.*

NAME \_\_\_\_\_ AGE \_\_\_\_\_ Cost - \$250.00 per camp (lunch included)

LEVEL OF RIDER (experience) \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

Allergies or other medical conditions \_\_\_\_\_

**MEDICAL TREATMENT WAIVER**

This is to certify that the staff and instructors from A Moment in Time Shows, LLC, have permission to obtain any and all medical care that they deem necessary for my child while he/she is under their authority and care at Horsemanship Day Camp from July 19 to July 23, 2010 and/or August 9 to August 13, 2010.

SIGNED \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

WITNESSED \_\_\_\_\_ DATE \_\_\_\_\_

HEALTH INSUR CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

NAME OF POLICYHOLDER (print) \_\_\_\_\_