

APPLICANT _____ FARM NAME _____

1. Years of camp operation experience _____ Minimum age of campers _____

2. Number of Instructors _____ Adult Supervisors _____ Counselors (minimum age 16) _____

a. What type of training do they receive _____

b. Do you have written emergency procedures YES NO

3. Number of weeks camp is open per year _____ Number of days per week _____

4. Hours of operation _____ Estimated number of campers per day _____

6. Do you prepare or provide food/snacks/beverages for campers YES NO

5. Dates of camp sessions _____ Total Gross Receipts \$ _____

CAMP ACTIVITIES

1. Number of horses available for students _____ Ratio of instructors to students _____ to _____

2. Are safety helmets required YES NO Describe clothing required _____

3. Describe any other safety procedures _____

4. Briefly describe all horse related activities besides riding instruction _____

5. List all non-equestrian activities included in your camp _____

6. Are there any times during the day when campers are unsupervised YES NO If yes, explain _____

7. Are any campers enrolled who are physically or emotionally handicapped YES NO

REQUIREMENTS

1. Is a release of liability form signed by each camper's parent or legal guardian YES NO

2. Do you contract with others for any services or activities YES NO If yes, provide details and a copy of the contractor's certificate of insurance. (Must carry limits equal to yours or higher. Refer to Section IV of the Commercial Liability Application outlining requirements for Independent Instructors.)

SIGNATURE OF APPLICANT _____ DATE _____

**THIS SUPPLEMENT BECOMES PART OF YOUR COMMERCIAL EQUINE LIABILITY APPLICATION
Please attach a copy of your camp flyer/program**