Heavens Hoofprints Equestrian Center

31050 Burlwood Dr., Castaic, Ca. 91384 661-645-0278 HeavensHoofprints@yahoo.com HeavensHoofprints.org

Heavens Hoofprints Summer Kids Camps 2026

Camp Time: 9am-1pm daily, Monday through Friday

Campers Age: 6-13 years old Weekly Camp Cost: $425/week

___Week 1: June 15-19 Wild West Detectives

____Week 2: June 22-26: Once Upon a Pony Princess Academy

___Week 3: July 13-17: Mine Craft the Mane World

___Week 4: July 20-24: Super Hero Training Stables

HEAVENS HOOFPRINTS TEEN CAMP

Time: 9am-1pm(Monday-Wednesday); Thursday 5pm- Friday 12pm
Ages: 12-18 years Old. Cost: $450

Riding Ability: Beg-Adv. (riders will be grouped with same age and ability)

June 29- July 3: The Amazing Horse Race

Heavens Hoofprints Adult Camps 2026

Camp Days: June 12-13, July 10-11, August 21-22. Camp Time: Fri. 5-9pm; Sat. 8am-12pm.
Camp Cost: $200/camp

____Camp 1: June 12-13. ___Camp 2: July 10-11. ___Camp 3:August 21-22

CAMP PARTICIPANTS INFORMATION:

Participants Name: _____ Age: ____ Student Ht: ___ Student Wt:____

Parent/ Guardian Name(s)(if applicanle)_____

Participants Address: _____

Parent/ Guardian Home #: _____ Cell #: _____ Emergency #: _____

Alternative Emergency Contact: _____ Phone #: _____

If your child has any special needs or accommodations that need to be noted, please provide that in the space provided._____
_ __ _____

--We will be taking lots of pictures and will share your child's pictures with you by e-mail or hard copy. -If you consent to having your child's pictures shared among Heavens Hoofprints Equestrian Center's different mediums (i.e. website, flyers, bulletin board, etc.) please initial here._____

Heavens Hoofprints Equestrian Center Riding Agreement

Release of Claims and Indemnity Agreement

The undersigned being of lawful age, desires to participate in equestrian activities with Heavens Hoofprints Equestrian Center located at 31050 Burlwood Dr., Castaic, Ca. 91384. The undersigned acknowledges that there are dangers and risks of injury inherent in these equestrian activities, but still desires to participate in these activities.

THEREFORE, the undersigned, for and in consideration of the opportunity to participate in these equestrian activities and for other good and valuable consideration, does hereby forever release, acquit, and forever discharge company, individuals, their employees, agents, and all other persons, corporations, associations, or partnerships in any way involved in said business or the ownership of land or personal property used in said business from any and all claims, actions, causes of action, demands, rights, damages, and costs whatsoever which the undersigned may have or incur on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen, bodily and personal injuries and/ or property damage or the consequences thereof resulting from any accident, casualty or event involving the undersigned and arising out of equestrian activities.

IT IS EXPRESSLY UNDERSTOOD by the undersigned that the undersigned would not be permitted to engage in equestrian activities without this release whereby the undersigned, regardless of fault, agrees to fully release the releasee from any and all responsibility of accident or injury.

IT IS ACKNOWLEDGED THAT PROTECTICE HEAD GEAR IS TO BE WORN AT ALL TIMES WHEN PARTICIPATING IN ANY EQUESTRIAN ACTIVITY. RIDER'S WHO REFUSE TO WEAR PROTECTIVE HEAD GEAR WILL NOT BE ALLOWED TO PARTICIPATE IN ANY EQUESTRIAN ACTIVITIES.

FURTHER, in the consideration of allowing me to participate in such activities, the undersigned hereby expressly agrees to indemnify and save harmless the releasee from any and all claims or damages, (including cost and expenses of defending any claims or lawsuits) which might be made against releasee by reason of , or in any way arising out of such equestrian activities, including any claims or losses to or caused by other riders, users, guest, invitees, or persons incidentally involved in activities or on said premises, or any combination thereof.

The undersigned further declares and represents that no promise, inducement, or agreement not herein expressed had been made to the undersigned and that this release contains the entire agreement between two parties hereto and that the terms of this release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Date this_____ day of _____, 20__ *If under 18, Parent/ Guardians Signature Required*

Rider's Name: _____Rider's Age: _____ Riders Experience: BEG. /INT. /ADV. (circle one)

Rider /Parent Signature* (if under 18)_____ _____

Rider/ Parent Phone Number: _____

Address: _____ E-Mail:_____

Heavens Hoofprints Equestrian Center

Medical Release Form

Parent/Legal Guardian's Name: _____

Address: _____

Phone #s: Home (_____) _____ - _____

Work (_____) _____ - _____

Cell (_____) _____ - _____

Other (_____) _____ - _____

Children's Names	List all Known Medical Conditions, Including Food Allergies and/or Drug Allergies. In Addition, Include Any and All Over-the-Counter and/or Prescription Drugs Taken Regularly.

In an emergency, please contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Or contact: _____

Relationship to child/children: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

(_____) _____ - _____ (_____) _____ - _____

Physician's Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Dentist's Name: _____

Address: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Primary Insurance Company: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to child/children: _____

ID #: _____ Group/Policy #: _____

Secondary Insurance Company: _____

Phone #s: (_____) _____ - _____ (_____) _____ - _____

Billing Address: _____

Policy Holder's Name: _____

Address: _____

Relationship to child/children: _____

ID #: _____ Group/Policy #: _____

-Please remember to have all forms filled out and sent to us before your week of camp participation. You can submit your registration form and non refundable registration payment ($50) by

1) Email to: **Heavenshoofprints@yahoo.com** and Venmo to: **@heavenshoofprints (Acct: Christine Heffernan)**

2) Mail at: **PO BOX 243, Castaic, Ca. 91310.** A check made to: **Heavens Hoofprints Equestrian Center**

The remaining balance is due the Friday before camp.

Thank you very much. We will send you a confirmation email once received.