



What do you need to sign?

Welcome to the farm! Here you'll find several documents which you need to read over and sign. These include:

- The Agreement for Horse Boarding
- The Barn Rules
- The Liability Release
- The New Student Registration

Please make sure that all riders and any regular guests know the barn rules; it helps keep everyone safe and happy. All riders need to sign the Barn Rules and a separate Liability Release. If the rider is under 18, a parent or guardian needs to sign as well. A copy of the Barn Rules is in with your map of the farm and other information you'll need as you get ready to move in. We recommend that you make copies of any forms you sign, and we'd be happy to copy these for you.

Thanks for choosing Campbell Springs Farm!

For office use:

Board Agreement signed _____
Vaccination record _____
Copy of Negative Coggins _____
Liability Release signed _____
Barn Rules signed _____
New Student Registration returned _____



Agreement for Horse Boarding

Arrival date _____

Horse's Name _____ Barn _____ Stall _____

Owner's name: _____

Owner's address: _____

Phone numbers: (indicate which, Home, Work, Mobile, Pager) _____

Email Address: _____ (you will be added to our emailing list)

Employer: _____

Employer address: _____

Vet: _____ Vet Phone Numbers: _____

Farrier: _____ Farrier's Phone Numbers: _____

Emergency Contact Person and Phone #: _____

Name of any person other than Owner permitted to handle the horse: (if child, list age)

Breed: _____ Color: _____ Age: _____

Gender: _____ Estimated Value: _____ Do you carry equine insurance? _____

Grain _____ (am) _____ (pm)

Hay (while stalled) _____ Daily de-wormer _____

Supplements _____

Blanketing instructions _____

Inclement weather turnout preference _____

Please list in detail any past or current health problems you are aware of this horse having (ie, none, colic, foundering, hives, gravels, lameness, etc.):



1. Terms. It is understood that the words “horse owner” means the owner of the horse(s) and the word “Stable” or the term “Stable Owner” shall mean the owner or operator of the stable. Board is to be paid on the FIRST day of the month, one month in advance. A \$25 late fee will be charged for any payments more than six days late. Additional fees will be billed on a monthly basis. The horse owner agrees to pay all medical, hospital, equine dentist, farrier, and veterinarian expenses for said horse(s). Aforesaid services will not be paid by the stable owner and added to the monthly billing of the horse owner. If the animal(s) become ill or injured the horse owner shall be notified at once for instructions. If the horse owner cannot be informed or does not answer the notice, or if the horse’s health requires immediate action, the stable owner shall have the right to use the best judgment in regarding the measures to be taken for the welfare and health of the horse(s) and those around it. Horse owner assumes responsibility for all costs not covered in board fee.

Circle your location and level of care:

South Barn

Full Care Partial Care Self Care

North Barn

Full Care

2. Stable Rules. Horse owner agrees to abide by all the rules and regulations of the Stable and to cooperate with any authority, veterinarian, or veterinarian assistant when such authority is on the premises. The horse owner shall at all times supervise any persons on the stable grounds brought by them as guests. The horse owner will be liable for any damages brought about by the horse owner’s guests, including but not limited to loss by fire, theft, runaway, injury to horse(s), rider(s), property or death.

Please note: the arenas, cross country course, and other riding facilities on the farm may be closed for shows and events held on the farm. These events help the farm grow and improve and the revenue from shows helps to keep boarding costs down. We will post the schedule of events so you can be aware of when the ring is closed, and you are welcome to sign up to ride in or volunteer at shows as well. If you elect to ride in a show, state law requires us to send in a current copy of your Coggins for each show, so please be sure to make copies and have them available to leave with show secretaries.

In the event that someone other than the horse owner calls for the horse(s), that person shall have written authority prior to handling, riding, grooming, or transporting the horse(s).

All children under age sixteen shall be supervised by horse owner at all times. Children are not permitted to be “dropped off” at the barn.

No dogs, other than those owned by the Stable, are allowed on Stable grounds at any time.

All horses must have a negative Coggins test upon entering the stable (a copy of which will be maintained in your file), and a yearly test performed at horse owner’s expense. Current vaccinations for Rabies, Potomac Horse Fever, Strangles, Rhino, West Nile and EWTI must be maintained on all horses. All horses must be paste wormed prior to entering the stable. In warm weather, horses should be sprayed with a fly repellent product weekly. Horse owner is responsible for furnishing proof of current vaccinations every six months.

Owners may either subscribe to SmartPak or pre-bag their horse’s supplements. Any liquid supplements or supplements needed mid-day will be subject to a surcharge.

(804) 590-3400

www.campbellsprings.com
23838

12830 River Rd. Chesterfield, VA



3. Eviction. The following situations may cause the Horse Owner to be subject to eviction:

- a. Mistreating a horse
- b. Being more than seven (7) days late paying board.
- c. Disregard of farm rules
- d. Dishonesty
- e. Conduct harmful to the reputation of the farm

4. Hold Harmless. The Horse Owner(s) indemnify and save harmless the stable owner, Wayne B. Campbell and family, their agents, employees, and all others from any loss or damage arising from injury or loss suffered by the horse owner or any animal owned by such horse owner occurring on the stable owners property. The horse owner agrees to assume all risks and liabilities incurred by their animal(s) , or any other animal(s), or other guest, arising when such horse owner is on the property of the stable owner.

By my signature below I set out that I understand that there is no insurance on my horse(s) provided by the Stable Owner. I also understand that this agreement is a month to month agreement, continuing until such time as either myself or the stable owner gives notice to remove my horse(s).

Horse(s) Owner: _____ Date: _____



Farm Rules

1. You should wear heeled boots, helmets, and long pants when riding
2. Riders under age 16 must be supervised by a legal guardian at all times, and may school over fences **ONLY** if we have a letter of recommendation from a CSF staff instructor stating the maximum jumping height for the rider to school independently
3. Anyone handling a horse is responsible for cleaning up behind themselves and their horse (scoop your horse's droppings in grooming/tacking areas), and for putting away all tack in its proper place
4. You can pre-pay boarding or lessons using cash, check, Mastercard, and Visa. Please make checks payable to Campbell Springs Farm
5. Children and horses must be supervised at all times. No running, shouting or horsing around is allowed.
6. Please don't bring your dogs to the farm.
7. Make sure you turn off all lights, radios, and fans behind you.
8. Anyone you bring to the farm needs to sign a liability waiver
9. No smoking in barn yards
10. Do not walk, ride, or drive through or around the Campbell's yard or house
11. The farm is open 6:00 am – 9:00 pm

Horse owner's signature

Date

Rider's signature

Date

Signature

Date

Signature

Date



Acknowledgement of Risks, Assumption of Risk and Responsibility, and Release of Liability

ACKNOWLEDGEMENT OF RISKS: I realize that there is an inherent danger in the use of any saddled animal and that travel with or upon a saddle animal may involve hazards including, but not limited to, uneven or unstable ground or road surfaces, trees, branches, rocks, stones, gravel, mud, water, and/or objects on the ground or roadway; that weather can create slippery conditions associated with fog drip, rain, sleet, ice and snow; that motor vehicles, other horses and riders, equipment failure, my ability to control or direct an animal, and the speed at which I proceed can pose a dangerous risk to my safety; that movement, noise, and contact with objects may frighten or cause an animal to move unpredictably and with force; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; and that no warranty of any kind, express or implied, is being made as to the habits, disposition, suitability, nature or physical condition of any animal. I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the risks, dangers and hazards of the activity; that wearing a helmet is a basic precaution; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures. I further realize that the propensity of an equine to behave in dangerous ways may result in injury to the participant; the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and hazards of surface or subsurface conditions.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the equestrian activity, which I and any minor children for which I am responsible, will engage in, including approaching, handling, mounting, riding and dismounting a saddle animal, I confirm that I am (we are) physically and mentally capable of participating in the activity and using the equipment. I/We acknowledge that if, during the equestrian activity, I/we experience fatigue, chill and/or dizziness, my/our reaction time may be diminished and the risk of any accident increased. I/We participate willingly and voluntarily and I/we assume full responsibility for personal injury, accidents and illness, including death.

I assume full responsibility for damage to or loss of personal property as the result of any accident from equestrian or any other activities that may occur. I assume the full responsibility for any property damage caused by myself, my guests, friends, family, my horse or anyone accompanying me on the premises of Campbell Springs Farm, of personal injury, accidents and/or illness of bodily harm whatsoever (including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration; head, neck and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, and/or death) that may result from equestrian or any other activities.

Further, I understand the risks of entering the farm to myself, my guests, any minor children for which I am responsible, and any and all personal property on the farm. I/We enter the farm willingly and voluntarily and I/we assume full responsibility for personal injury, accidents and illness, including death. I assume full responsibility for damage to or loss of personal property as the result of any accident whatsoever that may occur.



I expressly hold harmless Campbell Springs Farm and owner, Wayne Campbell and all family members, all instructors, trainers, employees, consultants, staff, volunteers, and barn care team members of Campbell Springs Farm, for any liability whatsoever that may result from equestrian or other activities while on the premises of Campbell Springs Farm, either to myself, my guests, friends, family, anyone accompanying me on the premises, my personal property, or my horse. I further hold harmless any property owner in the proximity of Campbell Springs Farm for all liability whatsoever, related to any activity that originated from Campbell Springs Farm either to myself, my guests, friends, family, anyone accompanying me on the premises, or my horse.

COVENANT OF GOOD FAITH: I recognize that you, as a provider of goods and/or services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity or employment due to forces of nature, medical necessities or other problems; and/or terminate the participation or employment of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity or working at/for the the farm. I accept your right to take such actions for the safety of myself, other participants and/or my horse.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while participating in equestrian or any other activities. I either have appropriate insurance or, in its absence, agree to pay all cost of rescue and/or medical services as may be incurred on my/our behalf.

RELEASE: In consideration of services or property provided, I, for myself, guests, and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: Campbell Springs Farm - Wayne Campbell, all instructors, trainers, staff, consultants, assitants, and barn care team members of Campbell Springs Farm, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever.

WARNING: Under the Code of Virginia (Title 3.1, Chapter 27.5, & 3.1-796.130-133), equine activity sponsors and equine professionals are not liable for injury to or death of a participant arising out of riding, training, driving, grooming or riding as a passenger upon an equine, including rides, trips, and hunts however informal or impromptu and whether or not a fee is paid to participate in the activity.

WARNING: Liability actions prohibited except as provided in 3.1-796.133, an equine activity sponsor or equine professional shall not be liable for an injury to or death of a participant engaged in an equine activity.

WARNING: Entering the farm is in itself a dangerous activity due to the precence of farm equipment, animals, weather hazards, and natural and artificial obstacles such as potholes and logs. By signing this form, you acknolwedge that you understand all risks involved in equine activities and/or being on the farm, whether participating, watching, or just entering the farm. Further you expressly assume liability for any injury or damage that may occur for any reason whatsoever.

I HAVE READ THE FOREGOING ACKNOWLEDGEMENT OF RISK, ASSUMPTION OF RISK, AND RESPONSIBILITY AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE FORM IN ENTIRETY

Student's Name _____

Name of Parent or Legal Guardian (if a minor) _____

Signature _____ Date _____



New Student Registration

Date _____

Contact information

Student Name _____ Date of Birth (if a minor) _____

Parent's Name (if student is a minor) _____ Phone # _____

Address _____

Email address _____ (you will be added to our e-mailing list and we will use email to contact you about farm events)

Riding information

(So we can pair you with the proper horse or pony) Height _____ Weight _____

How many times have you ridden before? _____ English or Western? _____

Do you take regular riding lessons? _____ How often? _____

Can you trot? _____ Canter? _____ Jump? _____

Do you prefer a private or group lesson? _____ Preferred day/time: _____

Or, if you already have an established lesson time, when is it? _____

How did you hear about our lesson program? _____

Payment

Payment can be made by check, cash, or credit card on or before the day of the lesson. Checks should be made out to Campbell Springs Farm. Please enclose payments in an envelope and deposit in the payment box in the barn. At your option, you may elect to pay with a credit card. Simply fill out the information here and we will keep this on file; your information will be kept secure and confidential. Your card will only be charged when you call in to authorize a specific charge. Just call the office between 9:00am and 3:00pm Monday through Friday and let us know the date of the lesson and the amount you would like charged to your card.

Credit card number _____

MC or VISA Exp. date _____ 3-digit code on back _____

Secondary contact

Please list anyone else authorized to supervise or transport your child for the purpose of taking lessons at Campbell Springs Farm: _____

2nd Emergency Contact Person _____ Phone # _____

Relationship to student _____

Welcome to Campbell Springs!



Student Health Form

Date _____

Student's Name _____

Age _____ Height _____ Weight _____

Date of last Tetanus Shot _____

Please list any allergies (food, medicine, or other) _____

Physician's Name _____ Physician's Phone # _____

What medications are you currently taking? _____

Please list all medications you need to take during camp, dosage, what time you take them, how often, and for what illness/condition (include inhalers and pain medications here) _____

PLEASE NOTE: Anyone having allergic reactions in the past requiring the use of epinephrine or steroids must consult with their physician to determine whether an emergency epinephrine kit should be available at all times.

Please circle any of the following your child experiences:

History of heart problems.

Elevated blood pressure.

Any chronic illness or condition.

Difficulty with physical exercise.

Advice from physician not to exercise.

Surgery in the last twelve months.

History of breathing or lung problems.

Muscle, joint or back disorder, or any previous illness injury still affecting you.

Diabetes or thyroid condition.

Loss of consciousness.

History of seizures or epilepsy.

Any known allergies.

Any condition requiring ongoing medical supervision.

Comments