



Urbana Riding Club Summer Program Registration And Health & Liability Waiver - 2026

Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC) - 2700 Roderick Road, Frederick, MD 21704
Mobile/Text/Phone (240) 877-4686; Fax (301) 798-8567; Email: urc@urbanaridingclub.com

CHILD'S NAME _____ AGE _____ DOB _____ SEX _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN NAME _____ EMAIL _____

MOBILE PHONE _____ HOME PHONE _____ WORK PHONE _____

PARENT/GUARDIAN NAME _____ EMAIL _____

MOBILE PHONE _____ HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ EMAIL _____

MOBILE PHONE _____ HOME PHONE _____ WORK PHONE _____

2026 Program Rates:

Number of Weeks	Summer Riders Program 9:00 a.m. - 1:00 p.m. Ages 6 - 15 - see website for details!
1 - 9 Weeks	\$375/week
*6 Weeks+ Prepaid cash/credit registrations 6+ weeks; rate not available online	\$350/week
A *6+ week rate discount is offered for 6 or more weeks selected at initial registration and prepaid cash/credit only. A 5% discount is offered when total fees are prepaid on or by March 15, 2026. Discounts are not currently available online.	

2026 Camp Schedule:

Please select your desired program/weeks by checking the boxes below. Program weeks fill very quickly, and space will be limited - please register early to ensure your child's space is held! Summer Riders program hours, 9:00 a.m. arrival to 1:00 p.m. pick-up, Monday - Friday. Arrival 8:45 to 9:00; due to activities immediately following camp, pick up must be 1:00 p.m. unless extended arrangements are made. Thank you!

Summer 2026	Week 1 6/8-6/12	Week 2 6/15-6/19	Week 3 6/22-6/26	Week 4 6/29-7/3	Week 5 7/6-7/10	Week 6 7/13-7/17	Week 7 7/20-7/24	Week 8 7/27-7/31	Week 9 8/3-8/7
Summer Riders Program 9:00 - 1:00 p.m.									

Describe your child's current riding & horse handling experience: _____

IF POSSIBLE, PLACE MY CHILD IN SAME GROUP AS (FRIEND/SIBLING) _____

ALTERNATE PERSONS AUTHORIZED TO PICK UP CHILD DAILY: *Alt. emergency contact(s) in the event parent/guardian cannot be reached.*

NAME _____ PHONE _____

NAME _____ PHONE _____

Urbana Riding Club Summer Programs Registration 2026 - pg. 2

Health, Medications & Immunization:

HEALTH CONCERNS:

Any physical, psychiatric, or behavioral issues or considerations we need to be aware of? ☐ YES ☐ NO

If, YES please explain: _____

If YES, I have consulted my child's physician regarding communicable diseases/public health risks. ☐ YES ☐ NO

Any medications, dietary restrictions, allergies, or special needs we need to be aware of? ☐ YES ☐ NO

If, YES please explain: _____

MEDICATIONS: (page 4 must be complete/submitted before attending registered program)

List only those that will be sent with child. ALL PRESCRIPTIONS MUST BE IN THE ORIGINAL BOTTLE / PACKAGE WITH THE NAME OF THE CHILD AND DOSAGE PRINTED ON THE LABEL. (Emergency medications only please, such as epi-pens etc.)

Child's Physician: _____ PHONE _____

IMMUNIZATION INFORMATION:

If you reside in the USA - Is your child exempt from any immunizations? ☐ YES ☐ NO

If, YES please explain: _____

**If you reside outside the USA, what country do you reside? _____

If "YES" please include Department form DHMH-896 record of vaccination or immunity with your child's registration packet.

Payment Terms, Information & Authorization:

- Summer Riders program deposit of \$100 is required at registration to hold your child's space for the week(s) selected!
- 5% discount if full payment is received by March 15, 2026.
- **Total program fees are due in-full by June 1, 2026, and thereafter when completing registration.**
- Subject to space/availability, you may add additional weeks or adjust registered weeks at no cost.
- Withdrawal from program enrollment:
 - **Before March 1st** - 50% of deposit will be retained in addition to transaction fees on total payment.
 - **After April 1st** - full deposit will be retained in addition to transaction fees on total payment.
 - **After June 1st:**
 - Withdrawal more than two weeks before the start of the selected week(s), we retain deposit and 50% of payment.
 - Cancellation, absence, or withdrawal during or less than two weeks before session, deposit/payment non-refundable.

Deposit/Amount Enclosed \$ _____ Amount Due \$ _____ Date: _____

☐ Enclosed Check # _____

☐ QuickBooks Invoice

☐ Credit Card: Visa, MC, AMEX# _____ Exp. Date: _____ Billing Zip _____

Credit Card Name/Address: _____

I authorize HEV/URC to charge this account for payments related to the services requested in this application, including **automatically charging the Total Amount due on June 1, 2026.**

I have read and agree to the **Payment Terms, Information, Withdrawal Policy & Authorization agreement** stated above.

Signature: _____ Date: _____

Urbana Riding Club Summer Programs Registration 2026 – pg. 3

AGREEMENTS AND DISCLAIMERS

CHILD/PARTICIPANT'S NAME: _____

PARENT/LEGAL GUARDIAN NAME (PRINT CLEARLY): _____

HOME ADDRESS _____

PHONE: _____ **EMAIL:** _____

AGREEMENT: In signing this agreement for my child, I certify that he/she/they is/are able to participate fully in the program unless otherwise stated in writing to Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC). You may withdraw your child from program(s) subject to the withdrawal terms and information conditions stated on page 2 of the Urbana Riding Club Summer Programs Registration packet. Subject to availability, you may add additional weeks or adjust registered weeks of program with no penalty. I understand and agree to the policies and tuition obligations stated here and on the URC website. www.urbanaridingclub.com

PARENT OR GUARDIAN SIGNATURE: _____

I have read and will comply and ensure my child/participant's compliance with the URC Social Media Policy. I give URC permission to use images/video which may contain images of my child for promotional purpose or other legitimate reason. I will make ownership and staff aware of any security concerns or restrictions that may affect my child/participant.

PARENT OR GUARDIAN SIGNATURE: _____

REGULATIONS: Due to the nature of our facility, variety of activities and open areas, for the safety of your child, it is essential that they follow management and staff directions. The HEV/URC directors/management reserve the right to ask anyone who is a client or in party to a client who is disruptive in any way to cease behavior, sit out an activity, or leave the premises immediately upon direction to do so and/or not to return. There will be no refunds for participants or persons asked to leave and/or not to return.

INFORMED CONSENT AND RELEASE OF LIABILITY. In consideration of the participant, _____ being allowed to participate in the programs conducted by Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC) and engage in all activities related to the programs, including but not limited to those listed in the ad/brochure/website, I, the undersigned, on behalf of myself and the above-named participant, do hereby waive, release and forever discharge, and indemnify and hold harmless, Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC) and its officers, agents, employees, and representatives from any and all claims, suits, actions, damages, losses, liability, costs and expenses (including attorney's fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property, including those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with participation by the above-named participant in the program.

(PLEASE INITIAL) _____

I understand that participation in these programs is potentially hazardous and can result in serious injury, and I am voluntarily allowing the above-named participant to participate in these programs with knowledge of the dangers involved. I hereby expressly assume and accept, on behalf of myself and the above-named participant, any and all risks of injury and death.

(PLEASE INITIAL) _____

I understand that participation in these programs may not be advisable for certain individuals, including but not limited to persons suffering from heart disease, diabetes, high blood pressure or low blood pressure and other conditions and illness, and persons taking medication. I hereby acknowledge that I have been advised to seek advice from a physician regarding the above-named participant's participation in these programs. I also acknowledge that it has been recommended that the above-named participant have regular physical examinations and consultations with his/her physician as to participation in these programs. I acknowledge that the above-named participant has either had a physical examination and has been given his/her physician's permission to participate, or that I have elected to allow the above-named participant to participate without the approval of his/her physician and I do hereby assume all responsibility for participation by the above-named participant in these programs.

(PLEASE INITIAL) _____

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO COMMUNICABLE DISEASE INCLUDING AND NOT LIMITED TO CORONAVIRUS/COVID-19: The novel coronavirus, COVID-19, was declared a worldwide pandemic by the World Health Organization in 2020; COVID-19 remains contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies have and may in future recommend social distancing and place restrictions on the congregation of groups of people. **Henningsen Equine Ventures, LLC, dba Urbana Riding Club (URC) continues measures to reduce the spread of COVID-19 and other communicable disease; however, URC cannot guarantee that you or your child(ren) will not become infected with COVID-19 and/or other communicable diseases know or unknown.** Further, participation in any program at URC could increase your risk and your child(ren)'s risk of contracting COVID-19 and/or other communicable diseases know or unknown.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and/or other communicable diseases know or unknown, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 and/or other communicable diseases know or unknown by attending URC programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 and/or other communicable diseases know or unknown at URC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Henningsen Equine Ventures, LLC, dba Urbana Riding Club (URC), Sandra or Jessica Henningsen, or any URC employees, volunteers, and program participants and their families.

I have consulted my child's physician regarding COVID-19 and/or other communicable diseases know or unknown risks and voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with me or my child(ren)'s attendance at URC or participation in URC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless URC its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of URC, its employees, agents, and representatives, whether a COVID-19 and/or other communicable diseases know or unknown infection occurs before, during, or after participation in any URC program.

(PLEASE INITIAL) _____

I certify that I have read and understand all of the foregoing Agreements and Disclaimers and that, by signing this Informed Consent and Release of Liability, I intend to be bound legally and to bind the above-named child/participant, and our respective heirs, executors, administrations, successors and assigns.

Parent/Legal Guardian Signature: _____

Date: _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES <i>-If yes, see Section III below.</i> <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is NOT TO EXCEED 1 YEAR.		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
14a. PRESCRIBER'S SIGNATURE (<i>Parent/guardian cannot sign here</i>) (ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)		14b. DATE	

II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. PRESCRIBER'S SIGNATURE authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. DATE
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE