



# Urbana Riding Club Summer Program Registration And Health & Liability Waiver - 2025

**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 \_\_\_\_\_

### 2025 Program Rates:

Number of Weeks	<b>Summer Riders Program</b> 9:00 a.m. - 1:00 p.m. Age 6 - 15 - see website for details!	<b>Ultimate Riders Program</b> 8:00 a.m. - 1:00 p.m. - 2 rides daily Age 8 - 15; W/T riding skills required - see website for details
1-5 Weeks	\$375/week	\$575/week
*6 Weeks+	\$350/week	

**For the Summer Riders program: \*6+ week rate applies when 6 or more weeks are selected at the time of initial registration.** Add-on weekly rates adjust based on the total number of weeks added *after* your child has attended pre-registered week(s). No adjustment for prior weeks can be made. **A 5% discount is offered when fees are paid in full by April 1, 2025.**

### 2025 Program 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 hours, 9:00 a.m. arrival to 1:00 p.m. pick-up M-F; Ultimate hours, 8:00 a.m. arrival - 1:00 p.m. pick-up M-F. *Due to barn activities immediately following the program day - pick up must be no later than 1:00 p.m. Thank you!*

Summer 2025	Week 1 6/16-6/20	Week 2 6/23-6/27	Week 3 7/7-7/11	Week 4 7/14-7/18	Week 5 7/21-7/25	Week 6 7/28-8/1	Week 7 8/4-8/8	Week 8 8/11-8/15
<b>Summer Riders Program</b> 9:00 - 1:00 p.m.								
<b>Ultimate Riders Program</b> (2 rides daily) 8:00 - 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:** *Also emergency contact(s) in the event parent/guardian cannot be reached.*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

# Urbana Riding Club Summer Programs Registration 2025 - 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, and Ultimate Riders deposit of \$200 is required at registration to hold your child's space for the week(s)/programs selected!
- A 5% discount may be taken if full payment is received by April 1, 2025.
- **All program fees are due in-full by June 1, 2025, and thereafter when completing registration.**
- Subject to space/availability, you may add additional weeks or adjust registered weeks at no cost.
- Withdrawal from program sessions:
  - Before April 1<sup>st</sup> - 50% deposit will be retained in addition to any transaction fees.
  - After May 1<sup>st</sup> - deposit will be retained in addition to any transaction fees.
  - After June 1<sup>st</sup>:
    - Withdrawal more than two weeks before the start of the selected week(s), we retain 50% of program fees.
    - Cancellation, absence, or withdrawal during or less than two weeks before session, all fees 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, 2025. I have read and agree to the Payment Terms, Information & Authorization above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Urbana Riding Club Summer Programs Registration 2025 - 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 is 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](http://www.urbanaridingclub.com)

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

I give URC permission to use a photographs or video display of my child for promotional purpose or other legitimate reason.

**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 any child or adult who is disruptive in any way to cease behavior, halt or sit out an activity, or leave the premises 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 CORONAVIRUS/COVID-19:** The novel coronavirus, COVID-19, was declared a worldwide pandemic by the World Health Organization. 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 may 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; however, URC cannot guarantee that you or your child(ren) will not become infected with COVID-19.** Further, participation in any program at URC could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 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 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 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 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 <b>NOT TO EXCEED 1 YEAR.</b>		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			ZIPCODE
14a. <b>PRESCRIBER'S SIGNATURE</b> ( <i>Parent/guardian cannot sign here</i> ) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>				14b. <b>DATE</b>

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