

INSURANCE CARRIER: STARNET INSURANCE COMPANY

U-W Office: 3655 North Point Parkway, Suite 625, Alpharetta, GA 30005

EQUINE LIABILITY

HORSE CAMP SUPPLEMENT FORM

Horsemanship Camp

- A. Applicant _____
1. Years of camp operation experience: _____
 2. Do you offer: Day camps: _____ Overnight camps: _____
 3. Camp season dates: Opens: _____ Closes: _____
 4. Length of each session: _____
 5. Number of camp sessions during season: _____
 6. Estimate number of campers per camp session: _____
 7. Ages of campers: From: _____ To: _____
 8. Maximum number of campers per session: _____
 9. Do you prepare and serve food to campers: _____
 10. Session rate per student: _____
 11. Gross receipts for all camp activity for camp season: _____
- B. Activities:
1. Beside horse activities, list and describe any other camp activities offered by your camp: _____
 2. Is there any time during the day when the campers are unsupervised? _____
If so, when: _____
 3. Is swimming by campers permitted in a pool or lake? _____
 4. Any water sports or boating allowed? _____
 5. If there is a pool, is it fenced? _____ Certified lifeguard on duty at all times? _____
- C. Horse Activities:
1. Number of horses available for campers: _____ Number used at one time: _____
 2. Maximum number of horses ridden by campers at any one instruction session: _____
 3. What is the ratio of instructors to campers? _____
 4. What safety equipment is used? _____
 5. Are shoes with heels required for all riders? _____ Safety helmets? _____
 6. Briefly describe all horse-related activities besides riding instruction: _____
 7. Will there be any hayrides? _____ Will there be any trail rides? _____
 8. If there are trail rides, will any public roads be crossed or ridden alongside? _____
- D. Camp Requirements:
1. Is a release form or waiver signed by the campers's parent or guardian required? _____
(Attach a copy of the release or waiver to this application.)
 2. Do you require campers to carry medical insurance and to provide you with name of Insurance company and policy number? _____
 3. Do you do background checks on employees hired for the camp? _____

Applicant's Signature _____ Date _____