

Horseback Riding Summer 2023

Equestrian Camp: 3 hours/ day, \$270 per 3 day session The Equestrian Camp offers a diverse training regimen designed to create a working knowledge of the aids and mechanics involved when riding English, as well as proper grooming and tacking procedures. Instruction will encourage students to enhance and challenge their existing equestrian knowledge, or, for beginners, learn stable management and basic riding skills. Instructors Laura Rose and Nancy Steinecke.

Open to students, eight years old and older. Two 3 day sessions (Tuesday, Wednesday, Thursday):

June 13, 14, 15: 9 am to Noon. Beginners

June 20, 21, 22: 9 am to Noon. Intermediate and above.

Registration for Equestrian Camp only at:

https://summerathpa.campmanagement.com/p/request_fo
r_info_m.php?action=enroll

Riding Program: LESSONS

Tuesday*, Wednesday, Thursday, Friday

June 13 - 23: 1:00 to 3 PM

June 27 - July 18: 12:30 to 2:30 PM

July 19 – July 28 3:00 to 5:00 PM

This ongoing program affords students the opportunity to work with horses, ride on the fields, or in the hills.

Instructors: Laura Rose and Freya Jones

2 hour sessions: \$45 per session.

Open to students, eight years and older. *Tuesday class is for Adults.



Trail rides

Trail rides can be arranged on an individual basis. \$40 per person per hour (2 hour minimum).

Private Lessons

Private lessons are available throughout the year. Size of group, and length of lesson determine price. Placement in these programs is on a first come, first served basis. Enrollment is subject to the instructor's approval.

Equestrian Camp payment and registration through <u>CampSite</u>. Other programming payments are due and payable to "HPA Horse" along with the completed application and signed waiver.

For additional information or to register, please call or email Judy Folk at (808) 937-2569 jfolk@hawaiiantel.net up through

May 10, 2023 OR

Freya Jones at (850) 585-7347, bob.freya@gmail.com

Hawai'i Preparatory Academy Summer 2023 Horseback Riding Registration

| Student Name: | | · | | Age: | |
|---|---------------------------|--------------------------|------------------------|---------|--|
| Address: | | | | | |
| Email address of paren Select current ridin | nt:ag level (programs are | | | | |
| ☐ Beginning – rider | will learn how to steer, | post in the trot, leg po | sition and basic groom | ing. | |
| ☐ Intermediate – rid | er has good balance ba | reback, posting, canteri | ing and jumping. | | |
| ☐ Advanced –rider understands balance of leg and horse and concept of collection, and can regularly exhibit all. Riding Lessons: Circle your preferred day/date(s) Confirmation of day(s) will follow. Payment in full will be due at that point. | | | | | |
| Time | Tuesdays (Adults) | Wednesday | Thursday | Friday | |
| 1:00 - 3:00 pm | June 13 | June 14 | June 15 | June 16 | |
| 1:00 - 3:00 pm | June 20 | June 21 | June 22 | June 23 | |
| 12:30 - 2:30 pm | June 27 | June 28 | June 29 | June 30 | |
| 12:30 - 2:30 pm | July 4 | July 5 | July 6 | July 7 | |
| 12:30 - 2:30 pm | July 11 | July 12 | July 13 | July 14 | |
| 12:30 - 2:30 pm | July 18 | X | X | Х | |
| 3:00 - 5:00 pm | X | July 19 | July 20 | July 21 | |
| 3:00 - 5:00 pm | July 25 | July 26 | July 27 | July 28 | |
| ☐ Private Lessons Contact Freya Jones for possible schedule: (850) 585-7347, bob.freya@gmail.com | | | | | |
| Trail Rides □ Contact Freya Jones for possible schedule. | | | | | |
| PARENT/GUARDIAN | N INFORMATION | Circle: | | | |
| Father: | | Home/cell: | | Work: | |
| Mother: | | Home/cell: | | Work: | |
| Guardian: | | Home/cell: | | Work: | |
| EMERGENCY CONTAC In the event the parents/ individuals who can: 1) a about caring for your chi | guardians cannot be reach | | | - | |
| Name: | | | Home/cell: | | |
| Address: | | | Work: | | |
| Relationship to student | t: | | , | | |
| Name: | | | Home/cell: | | |
| Address: Relationship to student | t: | | Work: | | |

☐ Waiver signed



Agreement for Assumption Risk, Waiver of Claims, and Indemnification Arising Out of Use of Hawai'i Preparatory Academy (HPA) Facilities and Participation in HPA Sponsored Events and/or Activities

| Print Nar | me Primary Email Address Cell phone number |
|-------------------|---|
| | The following signature indicates that Undersigned understands and agrees to comply with all the erms of this Agreement. |
| e | Undersigned agrees to comply with all applicable requirements, rules, and regulations of government entities, authorized licensees, and HPA while using any facility or participating in any activity and/or event,. |
| p | Indersigned will not, absent written permission by HPA, participate in activities or be physically present at the HPA properties, structures, or equipment, except when appropriately supervised by HPA or authorized licensee. |
| p a a re | The Undersigned agrees that the HPA shall have the right to use the Undersigned's name and photographs for advertising, school publications, promotional, or any other lawful purposes through my medium, including television, newspapers, magazines, newsletters, brochures, and websites approved by the HPA. The Undersigned may reasonably restrict this right, provided that written equest is received by the School's Marketing and Communications Office within 30 days of the execution of the Agreement. |
| e | Undersigned agrees to provide HPA with a properly signed and dated copy of this Agreement before entering or using any facility, engaging in any sponsored activity and/or event, and to provide, upon equest, proof of identification that includes a recent photograph. |
| L e o c | The terms of this Agreement shall be enforceable to the greatest extent allowed by law with respect to Undersigned and HPA, each of which is defined to include its respective parents, guardians, heirs, executors, administrators, representatives, successors, assigns, trustees, receivers, agents, employees, officers, directors, stockholders, general or limited partners, joint ventures, parent or subsidiary corporations, related or affiliate entities, and all persons, entities, or parties claiming by, through, or under the named parties. |
| d fr h o | Undersigned expressly agrees to waive all claims and rights of subrogation and release, indemnify, lefend and forever hold harmless HPA from any loss, liability, joint liability, several liability resulting rom any and all claims, demands, or actions against HPA by Undersigned or any person or entity holding by or through Undersigned or any insurance carrier or organization or person from payment or reimbursement of any debts, obligations, liens, joint tortfeasor claims, or claims for contribution or indemnity relating in any way to the matters covered by this Agreement. |
| e | n recognition that the facilities and activities may involve some inherent risk that cannot be totally eliminated, Undersigned assumes all risk, known and unknown, of injury to person, including death, and damage to property resulting in any way to the matters covered by this Agreement. |
| | D IN CONSIDERATION OF the opportunity to use HPA facilities, including but not limited to your as a participant, spectator, guest, or visitor, you agree to the following for student named (enter rider name): |
| | |

Date

Signature