BLUE BRIDLE INSURANCE AGENCY, INC.

Commercial Equine Liability HORSEMANSHIP CAMP SUPPLEMENT

APPLICANT	FARM NAME
1. Years of camp operation experience	Minimum age of campers
2. Number of Instructors Adult Super	visors Counselors (minimum age 16)
a. What type of training do they receiveb. Do you have written emergency procedures	
3. Number of weeks camp is open per year	Number of days per week
4. Hours of operation	Estimated number of campers per day
6. Do you prepare or provide food/snacks/beverage	s for campers
5. Dates of camp sessions Overnight camps are not allowed.	Total Gross Receipts \$
CAMP ACTIVITIES	
Number of schoolhorses used at one time:	Ratio of instructors to students to English Jumping Saddle Seat Western Dressage
2. Are safety helmets required VES NO Describe clothing required	
3. Describe any other safety procedures	
4. Briefly describe all horse related activities beside	s riding instruction
5. List all non-equestrian activities included in your	c camp (swimming, crafts etc)
Please be aware that campers cannot be take	en off of the property (no field trips)
6. Are there any times during the day when camper	rs are unsupervised □ YES □ NO If yes, explain
7. Are any campers enrolled who are physically or emotionally handicapped	
<u>REQUIREMENTS</u> 1. Is a release of liability form signed by each camp	er's parent or legal guardian 🗆 VFS 🔲 NO
	ctivities
SIGNATURE OF APPLICANT	DATE
THIS SUPPLEMENT BECOMES PART OF YOUR COMMERCIAL EQUINE LIABILITY APPLICATION Please attach a copy of your camp flyer/program	