



My Farm Camps at Sugar Creek Farm

Thank you for choosing My Farm Camps where every day is a new experience!

Camp hours are 8:30 am (drop-off) to 2:30 pm (pick-up).

Summer camp is filled with learning about and participating in life on a farm, creating new friendships, both furry and human alike, and cultivating a love for the outdoors and organic living.

We typically start each day with morning farm chores, gardening, feeding the animals, and grooming the horses. Lunches are either on the trail, under a tree, at the food truck, or inside the barn. My Farm Camps offers something for everyone on this beautiful 21-acre farm!

Campers will experience all sorts of farm animals, agriculture, and art. At My Farm Camps, we give some guidance but also give space to experiment! Along the way, campers will learn to feed and care for horses, donkeys, goats, chickens, pigs, and our mascots Violet (who thinks she's a horse) and Lucille the barn cat!

Walking the trails with the goats ranks pretty high with everyone (goat yoga is way over-rated)! Throughout the Summer we are focusing on animal education, behavior, and new learning experiences in the ring and on the trails. Cooling off in Sugar Creek and "Trailblazing" is a huge component to our weekly routine and will be a mainstay as long as the sun continues to shine on Sugar Creek Farm!

Every day is a new experience, as we aim to build strong and confident youth by using the great outdoors!

Please do not hesitate to call or email me as we get excited for 2024 Camp.

Let's take it outside together and enjoy all that God has created!

Important:

- REMINDER: we **do not** accept deposits - Payment in Full secures your spot.
- Please read all the information below, which will describe the camp experience. Please note the dates, registration fees, and age requirements for each week in 2024
- Please be sure to include all the requested information on the attached registration form, and please read carefully and sign the liability waiver and release form.
- My Farm Camps is a small camp and will close out quickly, so please send in your registrations and payment as soon as possible. I will update the website (www.myfarmcamps.com) often, and when you see "Session Now Full" on the website then you will no longer be able to register for those sessions. All sessions are 4-day weeks (Mon.-Thurs.) with the exception of Vet. Camp (Fri.-Sat.).
- Each week my Farrier and my Vet come to the farm for horse and hoof care. Gardening and farm-to-table treats are a must while working and living on a farm, and we fully intend on eating what we create! Often, we have leftovers for parents and siblings to try in the afternoon pick up.



2024 REGISTRATION

My Farm Camps

12381 Downs Road Pineville, NC

Registration & Payment due in full to secure spot

- Operation Wellness will be during Session 4 (June 30 – July 1) which could be an extension of Session 3 (June 26 – June 29) for those who want to stay for the week. We will be focusing on animal first aid, anatomy, behavior, and overall equine education. Caring for horses and animals is much more than just riding, and in order to be a great owner and caretaker, animal education is a must!
- “Barn Rats” will be for 7 year-olds and will be held during Sessions 1-3, and 5. Our Barn Rats will ride early so they can eat early and participate with the rest of the camp for the rest of the day.
- “Saddle Club” will be for 5-6 year-olds and will be held during Sessions 1-3, and 5. They will have age-appropriate crafts and animal experiences, snack time, and will be supervised by a Camp Director along with 2-3 dedicated Counselors.
- Please remember to pack a lunch, water (in a reusable water bottle), and a snack every day. We will serve farm-fresh tutti-fruity yummy yogurt parfaits from the food truck throughout the week (\$3.00 each) as well as culinary creations from the garden. Campers will always be busy and get a little or a lot dirty and love every minute!

I’m looking forward to my favorite time of the year and cannot wait to invest in your cowgirls and cowboys!

Please do not hesitate to call or email me as we get excited for 2024 Summer Camp.

Let’s take it outside together and enjoy all that God has created!

Welcome to My Farm Camps @ Sugar Creek Farm!



Denise Hammond “Chief Cowgirl”
704-996-3048



Morgan McKay “Cowgirl Coordinator”
704-698-8592 | Morgan@myfarmcamps.com

www.myfarmcamps.com | 12381 Downs Road | Pineville, NC 28134

The Lord will greatly bless His people wherever they plant seeds; bountiful crops will spring up. Their herds will graze freely. Isaiah 32:20

**Payment DUE IN FULL with registration to secure spot (check/cash/Zelle/Venmo: Denise-Hammond-11)
Email: Morgan@myfarmcamps.com Payment Mailing Address: 5220 Loma Linda Lane Charlotte, NC 28270**



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Sugar Creek Farm

My Farm Camps, LLC

My Farm Camps Experience, Inc.

12381 Downs Road Pineville, NC 28134

**Release and Waiver of Liability, Assumption of Risk, Parental Consent, and
Indemnity Agreement**

***** PLEASE READ CAREFULLY BEFORE SIGNING BELOW *****

In consideration of myself and/or my minor child being permitted to participate in horseback riding, care and maintenance and other equestrian programs and activities (hereinafter, **ACTIVITIES**) sponsored and/or conducted by Sugar Creek Farm; My Farm Camps, LLC; and/or My Farm Camps Experience, Inc., and its officers, managers, employees, independent contractors and agents, specifically including but not limited to Kenneth C. and Denise H. Hammond (hereinafter, the **RELEASED PARTIES**), I agree as follows:

1. I understand that participation in the **ACTIVITY** is voluntary and optional, and that we are free to leave and/or not participate in the **ACTIVITIES**. I know the nature of the **ACTIVITIES** and our experience and capabilities, and believe us to be qualified to participate in the **ACTIVITIES**. I acknowledge Denise H. Hammond reserves the right to remove participants from the **ACTIVITIES** if they present a threat to any child, employee, volunteer, or animal.

2. I FULLY UNDERSTAND that: (a) THE **ACTIVITIES** MAY BE DANGEROUS and participation in the **ACTIVITIES** may involve RISKS AND DANGERS OF SMALL TO SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH; (b) these risks may be caused by our own actions or inactions, the actions or inactions of others participating in the **ACTIVITIES**, the condition and layout of the premises and equipment, or THE NEGLIGENCE OF THE **RELEASED PARTIES** in performing their duties; (c) there may be OTHER RISKS NOT KNOWN TO ME or that are not readily foreseeable at this time; and (d) THE SOCIAL AND ECONOMIC LOSSES and/or damages that could result from those Risks COULD BE SEVERE AND COULD PERMANENTLY CHANGE OUR FUTURE.

3. I consent to the participation in the **ACTIVITIES** and HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS AND/OR DAMAGES FOLLOWING ANY INJURY, DISABILITY, PARALYSIS OR DEATH, EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE **RELEASED PARTIES** IN PERFORMING THEIR DUTIES. The failure of any of the **RELEASED PARTIES** to foresee or protect me from these risks, or from the actions, inactions, recklessness, or intentional or criminal misconduct of others, from the inadequacy or unavailability of medical facilities or treatment, or from inadequate supervision of the **ACTIVITIES**, if any, will not create any liability on the part of any of the **RELEASED PARTIES**.

4. During the time we are participating in the **ACTIVITIES**, if any emergency arises involving the physical wellbeing of Minor, I hereby give **RELEASED PARTIES** full permission and authority to take such steps as are reasonably necessary to assist Minor, including without limitation the authority to secure and consent to such medical treatment as may, in their sole discretion, be advisable. I authorize any and all third parties to rely on this agreement as evidence of the authority of its bearer to procure and consent to medical treatment for Minor.



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5. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE the **RELEASED PARTIES** and owners and lessors of the premises used to conduct the ACTIVITIES FROM ALL LIABILITY TO ME, THE MINOR, my and the Minor's personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including, but not limited to, death or damage to property, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE **RELEASED PARTIES** in performing their duties or with the decision by any of the **RELEASED PARTIES** to exercise the power to consent to medical or dental treatment for me, as such power is hereby granted and authorized.

6. If, despite, this release, I, the Minor or anyone on the Minor's behalf makes a claim against any of the **RELEASED PARTIES** named above, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE **RELEASED PARTIES** and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE **RELEASED PARTIES**, WHETHER OR NOT SUCH CLAIM ASSERTS NEGLIGENCE ON THE PART OF THE **RELEASED PARTIES** in performing their duties.

7. I sign this agreement on my own behalf and on behalf of the Minor.

8. I hereby grant permission to My Farm Camps to take his/her/my/our photo while participating in the ACTIVITIES to use for publicity.

9. I understand that this Release is given pursuant to the Uniform Contribution Among Tortfeasors Act, North Carolina General Statutes Section 1B-1 *et seq.* It is my intention to release any and all claims against the **RELEASED PARTIES** and to relieve and discharge the **RELEASED PARTIES** from any and all liability for contribution to any other tort-feasor on account of any claim. I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this agreement.

10. I agree that if any clause or provision of this agreement is determined or held to be invalid, the invalidity of such clause or provision shall not affect the remaining provisions of this Release and that the remaining terms and conditions of this agreement shall continue in full legal force and effect

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, PARENTAL CONSENT, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I GIVE UP SUBSTANTIAL RIGHTS I AND/OR THE MINOR WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OR INJURY, EVEN IF OCCASIONED BY THE RELEASED PARTIES' FAULT, AND SIGN IT FREELY, VOLUNTARILY AND WITHOUT INDUCEMENT OR DURESS.

***** WARNING *****

Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury or death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.

Chapter 99E of the North Carolina General Statutes.

Signature of Adult/Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Minor Participant Name: _____

Email: _____ Phone: _____