

Spring Fling Camping Weekend 2026 Registration – **REGISTRATION OPENS March 13th**

<p>Name(s): _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p> <p>Is there someone you wish to camp near? _____</p> <p>Is there a location you wish to camp at? Be Specific _____</p> <p>Please note this is not guaranteed, I do the best I can! It's on FCFS basis!</p> <p>Arrival: <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <i>(Thurs add \$15 non-members/\$10 members)</i> Total Number of nights = _____</p> <p>I would like to go on a guided trail ride Saturday. <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>I will be bringing _____ to share for Friday night dinner. Thank You</p>	<p>Registration: (cost per weekend & includes meals)</p> <p>TEC Member(s)- \$70 x qty _____ = \$ _____</p> <p>NON-Member(s) -\$85 x qty _____ = \$ _____</p> <p>Children 10 & Under- \$15 x qty _____ = \$ _____</p> <p>NON-Riding Camper(s)-\$45 x qty _____ = \$ _____</p> <p>NON-Camping Saturday rider w/breakfast & dinner- \$30 x qty _____ = \$ _____</p> <p>Only attending a MEAL- \$15 x qt _____ = \$ _____</p> <p>Total Registration Cost = \$ _____</p> <p>Campsite Request (cost per night):</p> <p>20amp electric site \$15 x _____ = \$ _____</p> <p>30amp electric site \$20 x _____ = \$ _____</p> <p>Field Camping? \$0 = \$ _____</p> <p>Total Camp Request cost = \$ _____</p> <p>Horse Request: (cost per horse, per night)</p> <p>Indoor Stall(s) \$15 x qty _____ = \$ _____</p> <p>Pipe Corral(s) \$10 x qty _____ = \$ _____</p> <p>Total Horse Request Cost = \$ _____</p>	<p>\$ _____ Extra Cost Staying Thursday? add \$15 non-members/\$10 members</p> <p>\$ _____ Total Registration Cost</p> <p>\$ _____ Total Camp Request Cost</p> <p>\$ _____ Total Horse Request Cost</p> <p>\$ _____ Total Cost for Weekend</p> <p>_____ Check # _____</p> <p>Include a copy of your negative Coggins! Please make checks payable to: TEC</p> <p>MAIL to: Paige Davis-Perez/TEC, 2515 Downs Chapel Rd Clayton DE 19938. Mail-in registrations ONLY. MUST BE POSTMARKED BY April 5th <u>NO REFUNDS.</u> If including TEC membership forms, please use a separate check for payment.</p> <p>Questions? Text Paige 302-593-5317</p>
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TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC. ... RELEASE OF LIABILITY

I, the undersigned, on my own behalf and on behalf of my minor child/children, acknowledge that:

I am aware that horseback riding or driving a horse drawn vehicle is a dangerous activity. I acknowledge that horses are animals, and as such are unpredictable and easily startled. I acknowledge that I am aware that serious injury and/or death may occur in an accident sustained in riding and/or driving horses.

I, the undersigned, on my own behalf and on behalf of my minor child/children, agree to defend and hold harmless the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., and Tuckahoe State Park, owner of the grounds, from any claim, loss or injury which may be alleged to have been caused to any person or thing by the act or acts of a horse while engaged in the pony/carriage ride activity. I shall hold harmless the aforementioned parties from the loss of or injury to myself or my child, or other personal property, whether the loss, damage, or injury is caused or alleged to be caused by the negligence of the sponsor, sponsor's agent, or owner of the grounds.

I hereby assume sole responsibility for and agree to defend and hold harmless the aforementioned parties from any and all loss and expense, including legal fees, for injury, including death, sustained by any person or persons, including myself and my child/children arising out of and as a consequence of participation in the pony/carriage ride activity above-mentioned.

Please note, due to Covid-19 Pandemic, my participation is voluntary on my part. TEC and the State of Maryland will not be held responsible for any illness, hospital visit/stay, or injury from this infectious disease.

AS WITNESS my hand and seal this _____ day of _____, 2026

Printed Name (Parents must sign for children under 18): _____

Signature: _____

