

Summer Day Camp 2019

Avoid Disappointment – Register Early

Name of Rider: _____

Name of Parent or Guardian: _____

Address: _____

City: _____

Postal Code: _____

Telephone (Res): _____

(Bus): _____

Email: _____

Gender: _____

Age: _____

Birthday (d/m/y): _____

Full Day 9am-5PM: **(Please circle your session)** **Session 1** July 8-12 **Session 2** July 15-19 **Session 3** July 22-26 **Session 4** August 12-16

Session 5 Aug 19-23

Session 6 Aug 26-30

\$430.00 (+ \$21.50 GST) per session

No refunds unless spot can be filled, please Sign here _____

Medical Information:

Name of Family Physician: _____

Phone #: _____

Secondary Contact in case of Emergency: _____

Phone (Res): _____

(Bus): _____

Medical Insurance Number: _____

List any limiting Factors: _____ List any Medications or Concerns: _____

Parent/Guardian will be required to read and sign a disclaimer form prior to the rider participating in camp.

WAIVER OF RIGHT TO SUE

I am aware that riding horses and/or being in the presence of horses pose certain risks of injury. I am aware that equestrian activities can be dangerous and physical injury could occur in. I am aware that horses, being animals, are at times unpredictable and control by the handler, no matter how cautious s/he may be, can not always be maintained. I, and my heirs, executors, and administrators, will not hold Riverside Equestrian Centre Inc. or Riverside Farm or any employee(s), officers, representatives, agents, and directors thereof responsible for, and waive any and all claims I may have against any or all of them if injury, death, damage of property or loss of any kind whatsoever nature or kind and howsoever caused whether arising by reason of the negligence of Riverside, its employees, agents or representatives, to my child, myself, my horse, my property, or any minor(s) in my care, while at Riverside Equestrian Centre and or Riverside Farm. I, and my heirs, executors, and administrators, will not hold Riverside Equestrian Centre Inc. or any employee(s), officers, representatives, agents, and directors thereof responsible for and waive any and all claims I may have against any or all of them if injury, damage or death were to occur, to my child, myself, my property, or any minor(s) in my care while Riverside Equestrian Centre. I agree to hold harmless and indemnify Riverside Equestrian Centre Inc., its agents, directors, employees, agents and representatives from any and all liability for any damage to property or personal injury to my child, myself and, or any minor(s) in my care, for which I may or may not be a parent/guardian, from their use of the facilities, horses, services, or presence at Riverside Equestrian Centre Inc.

Name (Print) of parent/guardian

Signature

date d/m/y