



# Pinewood Stable

## Summer Horse Camp Registration

### Camper's Information

|   |                 |   |                            |           |        |
|---|-----------------|---|----------------------------|-----------|--------|
| Camper's First Name:  |                 | Last Name:  |                            |           |        |
| Grade in the fall:  | Age:            | M <input type="checkbox"/>                              | F <input type="checkbox"/> | Height    | Weight |
| Birth Date:   | Street Address: |   |                            |           |        |
| Child's T-shirt Size:<br>Youth: S / M / L / XL<br>Adult: S / M / L / XL | City:           |   |                            | Zip Code: |        |
| Parent Name:  |                 | Email:  |                            |           |        |
| Daytime Contact No.:  |                 | Cellphone No.:  |                            |           |        |
| Parent Name:  |                 | Email:  |                            |           |        |
| Daytime Contact No.:  |                 | Cellphone No.:  |                            |           |        |
| Camper's Experience with Horses:  |                 |   |                            |           |        |
| <input type="checkbox"/> Has never been on a horse                      |                 | <input type="checkbox"/> Has participated in pony rides |                            |           |        |
| <input type="checkbox"/> Has gone on a trail ride                       |                 | <input type="checkbox"/> Has taken riding lessons       |                            |           |        |

### Drop Off / Pick Up

|   |                |
|---|----------------|
| Do you give permission for anyone else to pick up your child? <input type="checkbox"/> Y / <input type="checkbox"/> N |                |
| If Yes, Who?:   | Cellphone No.: |

### Emergency Contacts (Please provide two)

|               |                |
|---------------|----------------|
| #1 Name:      |                |
| Relationship: | Cellphone No.: |
| #2 Name:      |                |
| Relationship: | Cellphone No.: |

### Health Information

|  |   |
|--|---|
| Does your child have any allergies?<br>If Yes, what?                             | <input type="checkbox"/> Y / <input type="checkbox"/> N |
| Is your child taking any medications that we should know about?<br>If Yes, what? | <input type="checkbox"/> Y / <input type="checkbox"/> N |
| If needed, does your child know how to administer the medication?                | <input type="checkbox"/> Y / <input type="checkbox"/> N |

## Waiver and Release of Liability

In consideration for allowing my minor child to handle and ride a horse and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assigns, I HEREBY:

1. **Acknowledge that a horse may, without warning or any apparent cause**, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, and saddles or bridles may loosen or break - all of which may cause the rider to fall or be jolted, resulting in serious injury or death.
2. **Acknowledge that horseback riding is an inherently dangerous activity** and involves risks that may cause serious injury and in some cases death, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.
3. **Voluntarily assume the risk and danger of injury or death** inherent in the use of the horse, equipment and gear provided to me by Pinewood Stable.
4. **Release, discharge and agree not to sue** Pinewood Stable and/or any of its owners, employees or agents (hereinafter, the "Releasees"), for any loss, liability, damages, or cost whatsoever arising out of or related to any loss, damage, injury or death to my child, my person or property.
5. **Release the Releasees** from any claim that such Releasees are or may be negligent in connection with my riding ability or experience, including but not limited to training or selection of horses, maintenance, care, fit or adjustment of saddles or bridle instruction or riding skills or leading and supervising riders.
6. **Indemnify, and save and hold harmless** Pinewood Stable, its riding instructors, its employees and agents from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my use or my minor child's use of the horse and any equipment provided or any acts or omissions of its riding instructors or other employees or agents.
7. **The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk and indemnity agreement is governed by the State of Minnesota** and is intended to be as broad and inclusive as is permitted by Minnesota law, and that in the event any portion of this agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
8. **Acknowledge that this document is a contract** and agree that if a lawsuit is filed against Pinewood Stable or its owners, agents, riding instructors or employees for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees and costs incurred by Pinewood Stable in defending such an action.
9. **State that my child is not physically incompetent to participate in horse riding activities.** My child is not ill, in poor physical condition, or has a history of epileptic seizures, heart condition or any other medical condition that could be affected by horseback riding.

I have read this entire Release of Liability Document. I understand it is a promise not to sue and to release Pinewood Stable, its owners, riding instructors, employees and agents for all claims. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Pinewood Stable allowing me or my child to ride or handle a horse. I have concluded that the risks involved and the release and waiver of liability is worth the opportunity to take horse riding lessons and the pleasure of the horseback riding experience.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

## Parent Permission and Medical Authorization

I certify that my child, \_\_\_\_\_, is healthy and free from conditions that could interfere with his/her participation in Pinewood Stable's Summer Horse Camp. In case of injury, I wish to be contacted as soon as possible at the telephone number I have provided.

I recognize that while attending this camp, medical treatment on an emergency basis may be necessary for my child, and I further recognize that Pinewood Stable may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including ambulance transportation, emergency room care as may be deemed necessary. I understand that I am responsible for all charges either through health insurance or otherwise.

\_\_\_\_\_  
Parent's Signature

## Media Release

I authorize Pinewood Stable to photograph and/or video my child, \_\_\_\_\_ while he/she is participating in Summer Horse Camp without payment in perpetuity. I understand that these photos or videos may be used for promotional purposes and appear on Pinewood Stable's website at [www.pinewoodstable.com](http://www.pinewoodstable.com), in brochures, and marketing materials. I also understand that any photos or videos used will also be available to me for no cost.

I do authorize

I do not authorize

## Method of Payment

I'd like to make:  A one-time full payment now  Deposit of \$150 now and balance before camp

I will pay by:  Cash  Check

**Please send your completed registration and deposit to:**

**Pinewood Stable, 44910 Golf Course Rd., St. Peter, MN 56082**

## Boxes Below Are For Office Use Only

**Pinewood Staff:** Please check that all the forms are completed before accepting registration.

Registration form

Waiver and Release of Liability

Media Release

Parent Permission and Medical Authorization

### Payment:

Deposit of \$150 made

Payment made in full

### Form:

Cash

Check # \_\_\_\_\_ and # \_\_\_\_\_