

2017 THANKSGIVEN DAY CAMP - REGISTRATION FORM

CHILD NAME _____ D.O.B. _____ AGE: _____ BOY / GIRL (Circle)

ADDRESS _____ ZIP _____

PARENT NAME: _____ E-MAIL: _____

PARENT ADDRESS _____ PHONE #: _____

PARENT OCCUPATION _____ PARENT WORK #: _____

CHILD'S SCHOOL NAME _____ GRADE: _____ HEIGHT: _____ WEIGHT: _____

HEALTH PROBLEMS? _____ (must indicate NO if applicable)

In case of emergency call: _____ **Phone** _____

Telephone numbers: Cell: _____ Work: _____

Home: _____

Thanksgiving Holiday Day Camp, Monday–Wednesday, 9:00am - 5:00pm, **\$150.00**

***** **PLEASE SELECT YOUR DESIRED CAMP DATES** (Please check corresponding boxes below):

Thanksgiving (2017) Nov. 21 – Nov. 23 (Monday, Tuesday, Wednesday)

- **Early Registration - 10% discount – Early Registration DEADLINE - 7 days prior to first day of camp.**
- **Minimum of 5 participants required for each session. If session is cancelled refunds will be granted.**
- **NO REFUNDS after camp registration period.**
- **Must bring lunch, Helmet (bicycle helmet is acceptable), preferred drinks, warm clothing**
- **BAD WEATHER Disclaimer: Session will continue unless travel conditions become a hazard. No refunds!**
- **MUST Sign Waiver/Release forms. MUST be forth coming of any sickness or illnesses.**
- **Participants with Special Needs require prior approval for resource allocation for safety purposes.**
- **RNR Stables management reserve the right to deny and/or refuse to accept enrollment of any participants falsifying any document, unacceptable behavior, or posing a threat to other participants or staff.**

Total number of weeks _____ Price _____ Amount Enclosed _____

Please make checks payable to RNR Stables.

RELEASE & WAIVER STATEMENT:

I am aware that horseback riding and other equine activities are athletic events which pose potentially serious risks of injuries or death to their participants. I understand that my horse(s) or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained ones, are often unpredictable and are often difficult to control. I do understand that the owner and/or representatives of RNR reserve the right to accept or deny anyone or agency consider a detriment or pose a threat to RNR Stables, Property, Resources, Volunteers, Staff Members, Owner's, or Family Members.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST RNR STABLES, OR EMPLOYEES OVER WHOSE PROPERTY I RIDE, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN AN EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, RNR STABLES, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED, IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

WARNING:

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES

(Print) Name of Parent or legal guardian

Parent or legal guardian's signature

Date