



Office Use: Registration Rec'd _____
Payment Date: _____ Amt. _____ Method: _____
Payment Date: _____ Amt. _____ Method: _____

Today's Date: _____

Youth Day Horse Camp

2019 Registration Form

Camp is limited to 12 campers per session, ages 6 - 18.

June 24 - 28 Monday - Friday 8 a.m. - 5 p.m.
\$350 per session; \$300 for siblings/same household

Child's Name: _____
First Last

Gender: Male / Female _____ Date of Birth: _____

Age: _____ T-shirt size: ___Youth ___Adult ___S ___M ___L ___XL

Parent/Guardian Full Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

If you are unable to pick up your child, please list the names of individuals to whom your child can be released:

1. _____ 2. _____

If other than parent, please inform them that identification will be needed to pick up a child.

If Parent(s)/Guardian(s) cannot be reached in case of emergency, contact:

1. _____ Phone: _____

2. _____ Phone: _____

Allergies: _____

Other Concerns: _____

A \$150 non-refundable deposit is required at time of enrollment. Payment in full must be made by 1st day of camp for your child's week. If a minimum of 4 is not reached, the session will be canceled and all deposits refunded. Credit Card, check, cash or PayPal at cgrcontact@circlegranchevent.com. Signature below acknowledges adherence to the tuition policy.

Signature of Parent/Guardian: _____

Emergency Information Sheet

Date: _____

Name: _____

Address: _____

Telephone: _____ Telephone: _____ Date of Birth: _____

Information you may provide voluntarily and may be used to assist you in case of an emergency.

Any Medical
Conditions

Current
Medications

Allergies,
Medications
or other
(insects, food,
chemicals)

Insurance Provider _____ Policy Number _____

Group Name _____ Name of Insured _____

Name of Primary Care Physician _____ Phone # _____

Primary Emergency Contact:

Name _____

Address _____

Telephone # _____ Telephone # _____ Work # _____

Email _____

Secondary Emergency Contact:

Name _____

Address _____

Telephone # _____ Telephone # _____ Work # _____

Email _____



**PARENTAL PERMISSION
FOR PHOTOGRAPHS AND INTERVIEW DURING EVENT**

EVENT DATE _____

EVENT NAME _____

ADVERTISER, PROMOTER, NEWSPAPER _____

The above mentioned person or establishment is very familiar to Circle G Guest Ranch & Event Facility and has promoted our events numerous times over the years and continue to do so. We are very honored that once again they are interested in our events.

As a parent, we respect your right to privacy as well as your child's. Please choose an option below in regards to the photographer for the above mentioned company, which promotes our events in a very respectful manner, taking photographs during the above stated event for use in their newspaper promotional article, your signature of consent is necessary. A photographer will never be alone with a child at these events. Most pictures will be group activities. All youth events are highly supervised by Circle G Ranch staff and trained volunteers.

Additionally, we would like your preference in regards to the child's name.
Please select one of the options below:

- No photograph involvement
- Photographing permitted; but do not mention the youth's name
- Photographing permitted; Youth's first name only allowed.
- Photographing permitted: Youth's full name is allowed.

When the article is released and available, copies of the newspaper will be available at Circle G Ranch.

Signature of Parental Consent:

Signature

Date



RELEASE OF LIABILITY

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS BY SIGNING THIS AGREEMENT, YOU (AND YOUR CHILD IF APPLICABLE) ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE FOR ANY REASON INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF CIRCLE G GUEST RANCH AND EVENT FACILITY, THE TRAINER(S), THE MANAGEMENT, THE STABLE, ITS OWNERS, EMPLOYEES AND AGENTS ("THE RELEASEES").

I, _____ (and if applicable my minor child _____) (Hereinafter the Undersigned) reside at (Street Address) _____, in (City) _____ (State) _____ (Zip) _____.

In consideration for allowing me (and/or my minor child if applicable) to be in close proximity to horse(s), to ride, and/or handle horse(s) and on behalf of myself, and/or my child or our personal representatives, heirs, next-of-kin, spouses and assigns, THE UNDERSIGNED HEREBY:

1. Acknowledge that a horse or mule may, without warning or any apparent cause may, but is not limited to, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's foot/feet, push or shove a person. Saddles or bridles may loosen or break - all of which may cause the rider/ handler or spectator to be injured, fall or be jolted resulting in serious injury or death to the Undersigned or any person within close proximity of a horse.

2. ACKNOWLEDGE THAT HORSEBACK RIDING, THE HANDLING OF A HORSE OR BEING IN CLOSE PROXIMITY TO A HORSE IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH because of the unpredictable nature and irrational behavior of horses, regardless of their training or past performance.

3. Voluntarily assume the risk and danger of injury or death inherent in the handling or riding of the horse or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse, and use of saddles, bridles, equipment and gear. I further understand that it is my responsibility to be instructed in the proper methods of handling and riding a horse, and that I should wear proper safety equipment at all times while riding horses, including without limitation, a helmet and riding boots, and that it is my sole responsibility to obtain safety equipment and safety instruction for this sport. , I, for myself and/or on behalf of my child or legal ward, have been warned and advised and I do understand that not wearing an SEI Certified – ASTM Equestrian Helmet and/or proper riding equipment increases the risk of serious injury and/or death. If the rider and/or parent or guardian, if minor, refuses to wear protective headgear it is at their own risk.

4. RIDING LESSONS/ RIDING. I HEARBY AGREE THAT I AM RESPONSIBLE FOR MAINTAINING CONTROL OF THE HORSE I RIDE; AND THE INSTRUCTOR OR ANY OTHER PERSON WILL NOT BE HELD LIABLE.
INITIALS _____

5. I am aware and understand that in the ordinary course of business, motor vehicles (with or without horse trailers) continuously enter and exit the facility in close proximity to the areas, and in the same areas, in which horses are kept, groomed or ridden. Furthermore, tractors and other machinery are used on a daily basis in the operation, maintenance and repair of the facility. I also understand that people are working, walking, running, riding, handling horses, lunging horses, "turning out" horses, dogs bark, flags and other objects wave and other activities and conditions not limited to above listed items, these may cause horses to react in an unpredictable and dangerous manner without warning. I HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISK OF INJURY, DISABILITY, DEATH, DAMAGE AND LOSS THAT MAY RESULT TO ME AND/OR MY HORSE OR PROPERTY OR ANY OTHER PERSONS AND THEIR HORSE OR PROPERTY CAUSED BY ANY SUCH REACTION OF MY HORSE OR OF ANY OTHER HORSE UNDER MY CONTROL.

I am aware and understand that rain, runoff, or over-watering may cause the riding surface of the rings and grounds to become slippery, and that the slippery nature of the riding surface may not be apparent upon visual inspection. I am also aware and understand that the roads, grounds and fields at the facility may at any time be wet, slippery, rutted, eroded, rocky, or contain holes. I HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISK OF INJURY, DISABILITY, DEATH, DAMAGE, AND LOSS THAT MAY RESULT TO ME AND/OR MY HORSE OR PROPERTY OR TO ANY OTHER PERSON AND THEIR HORSE OR PROPERTY CAUSED BY MY HORSE OR ANY HORSE UNDER MY CONTROL ENCOUNTERING UNSAFE CONDITIONS OF THE RINGS, ROADS, OR GROUNDS, WHETHER SUCH CONDITIONS WERE CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.



6. **RELEASE, DISCHARGE AND PROMISE NOT TO SUE: Stable, management, owners trainer(s), and any employees of such** for any loss, damage, injury (including death), or cost to me or my child(ren) arising out of the handling or riding of a horse or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse, and use of saddles, bridles, equipment.

7. Release **Stable, management, owners, trainers, and any employees of such** from any claim that **Stable, management, owners, trainers, and any employees of such** were negligent in connection with my or my child's riding a horse including, but not limited to, training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction on riding skills or leading and supervising riders or the use of any equipment provided by **Stable, management, trainers, owners and any employees of such** or being on the premises of the Stable, which resulted in loss, damage, injury, or death.

8. **INDEMNIFY, AND SAVE AND HOLD HARMLESS Stable, management, trainers, and any employees of such** from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child's handling or riding the horse or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse and/or and use of saddles, bridles, equipment and gear provided there with from or contributed to by me or my child's own negligence.

9. Agree to abide by and follow any instructions given or rules established by the **Stable, management, trainers** or any of its employees, guides or wranglers with regard to my or my child's riding or handling of the horse or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse or any saddles, bridles, equipment and gear provided therewith.

10. **Agrees that the Undersigned has read and understands the following language of Tennessee Code "WARNING-UNDER TENNESSEE LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO THE TENNESSEE CODE ANNOTATED, TITLE 44, CHAPTER 20."**

Having reviewed this provision, the Undersigned nevertheless voluntarily release **Stable, management, trainers, and any employees of such** from all liability for claims arising out of the matters set forth herein. The Undersigned understand the word "claims" to include all actions, claims and grievances, whether actual or potential, known or unknown and specifically but nonexclusively, all claims arising out of the matters for the herein. All claims are forever barred by this release without regard to whether those claims are based on the alleged breach of duty arising under contract or in any other claims or cause of action.

11. The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by laws of the State of Tennessee and is intended to be as broad and inclusive as is permitted by Tennessee law, and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

12. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the stable, management, its owners, trainers, agents, employees, guides or wranglers for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees and costs incurred by the Stable in defending such an action.

13. IT IS RECOMMENDED THAT I, MY CHILD, AND ALL RIDERS WEAR A PROTECTIVE HELMET. IT IS MY UNDERSTANDING THAT A PROTECTIVE HELMET IS NOT AVAILABLE AND HAS NOT BEEN OFFERED FOR MY OWN OR MY CHILD'S SAFETY. IF I (AND/OR MY CHILD) DECLINE TO WEAR A HELMET IT IS AT MY/OUR OWN RISK.

(PLEASE INITIAL HERE): _____.

I have read this document. I understand it is a promise not to sue and to release and indemnify the Trainer, the Stable, its owners, employees and agents for all claims. I have made a free and deliberate choice to sign the Release and Waiver of Liability as a condition to Circle G Guest Ranch and Event Facility allowing me and/or my child to ride, handle, and/ or be in close proximity to horse(s). I have concluded that the risks involved and the Release and Waiver of Liability is worth the pleasure of enjoying horses and acknowledge that the same is valuable consideration for this Release and Waiver of Liability.

Name: _____

Signature _____ Date: _____ Expires: _____