

WAIVER OF LIABILITY PLEASE READ CAREFULLY

Date: _____

- I understand and am aware that horseback riding can be a hazardous activity.
- I understand that the sport of horseback riding and the use of horseback riding equipment involves risk of injury to any and all parts of my, or my child's body.
- I understand that horses are unpredictable by nature; that when frightened or angry their instincts are to jump forward or sideways, to run away from danger, to kick, to rear up in front or to bite.
- I understand that some of the risks inherent and incidental to the sport of horseback riding include, but are not limited to: loosening of the saddle, loosening of the saddle cinch straps, loosening of leather straps and related equipment. I also understand that from time to time part of the riding equipment, including but not limited to the leather saddle, cinch strap, and stirrups may break.
- I hereby agree to freely and expressly assume all risk of danger or injury that I or my child may sustain, for whatever reasons, and that I am entirely responsible for any damages or expenses incurred.

Riders Duties:

1. I agree that I or my child will NOT ride if I or they are under the influence of alcohol and/or drugs.
2. While the guides may inspect the riding equipment from time to time, I agree that I will be ultimately responsible for checking my equipment, including the saddle, and if there are any problems, or if the saddle becomes loose, I will tell the guide IMMEDIATELY.
3. I agree to follow the guide's instruction at all times.
4. I agree that I or my child will be responsible for all injuries to the rental horse, damages to the premises, property owned by others, injuries to any riders or pedestrians, which I may cause by negligent, reckless or irresponsible conduct. By signing my name below, either in person or by one of my representatives, I hereby agree to comply with all of the terms and conditions stated above.

I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY AND RELEASE. I UNDERSTAND IT, AND VOLUNTARILY AGREE TO ALL OF ITS TERMS.

CHILD NAME _____ PARENT SIGNATURE _____

REGISTRATION FORM:

Basic Camp ___ Intermediate Camp ___ Home School Camp ___ Lesson

Child's Name _____

Mother/Father's Name _____ Phone (H) _____

Address _____ Phone (W) _____

City _____ State _____ ZIP _____ Phone (Cell) _____

Email address _____

Age at Camp Date _____ Grade Completed _____ Phone (Cell) _____

Camp Date First Choice _____ Camp Date Second Choice _____

How did you hear about Roselawn? _____

A \$100 non-refundable deposit must accompany this registration. Any monies received above the deposit may be transferred to a different camp date but will not be refunded. Balance due on the first day of camp.

MEDICAL RELEASE FORM

If I cannot be reached, I give permission to the physician selected to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for this child.

ALLERGIES _____

CHILD'S NAME _____ PARENT SIGNATURE _____