SUMMER DAY CAMP

REGISTRATION FORM 2003

CHILD'S NAME _____

SEX _____ AGE _____ RIDING EXPERIENCE_____

HEALTH CARD NUMBER _____

MEDICAL CONCERNS OR OTHER _____

****

PARENT'S FULL NAME (print)_____

ADDRESS _____

CITY _____ POSTAL CODE_____

TELEPHONE NUMBER (home) _____ (business) _____

CHECK DESIRED WEEK OR WEEKS:

[ ] July 7 – July 11
[ ] July 14 – July 18
[ ] July 21 – July 25
[ ] July 28 – August 1
[ ] August 4 – August 8
[ ] August 11 – August 15
[ ] August 18 – August 22
[ ] August 25 – August 29

DEPOSIT: **$100.00 pe r week per child.** (Deposit is non-refundable)

COST: **$300.00 per week** With transportation **[ ] Yes, transportation is required**

$275.00 per week Without transportation **[ ] No, transportation is not required**

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES PLEASE READ CAREFULLY

Agreement For Acceptance Of Risk And Waiver Of Liability

I REQUEST PERMISSION FOR MY CHILD TO PARTICIPATE IN HORSEBACK RIDING AND OTHER EQUESTRIAN RELATED ACTIVITIES ORGANIZED AND OPERATED BY RIVERVIEW STABLES INC.

I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDLING AND GROOMING OF HORSES AND OTHER STABLE ACTIVITIES CAN BE VERY DANGEROUS.

I WISH FOR MY CHILD TO PARTICIPATE IN THESE ACTIVITIES KNOWING THAT THEY CAN BE DANGEROUS. I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE THIS RELEASE.

I ALSO UNDERSTAND THAT WHILE PARTICIPATING IN THIS HIGH-RISK SPORT, IT IS MANDITORY THAT A HELMET WITH A FIXED HARNESS BE WORN WHILE MOUNTED. BY NOT WEARING PROPER SAFETY HEADGEAR, I FULLY ACCEPT ALL RESPONSIBILITIES FOR MY CHILD'S ACTION.

I ACCEPT AND ASSUME ALL RISK OF INJURY TO MY CHILD OR MY PROPERTY.

IN EXCHANGE FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MY CHILD, MYSELF, MY CHILD'S HEIRS, GARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST RIVERVIEW STABLES INC., OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS, AND DIRECTORS FOR ANY INJURY TO MY CHILD OR ANY DAMAGE TO MY PROPERTY, ARISING OUT OF MY CHILD'S PARTICIPATION IN THESE HORSEBACK RIDING OR RELATED ACTIVITIES.

I ACKNOWLEDGE AS PARENT/GUARDIAN OF_____THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN AND THAT IT IS BINDING UPON MY EXECUTORS, HEIRS AND ASSIGNS.

SIGNATURE OF PARENT OR GUARDIAN:_____ DATES:_____

PRINT NAME:_____ CHILD'S NAME:_____

RIVERVIEW STABLES, 1445 CANAAN ROAD, CUMBERLAND, ONTARIO, K4C 1G1
Phone (613) 833-2317 Fax (613) 833-7464