

# Apple Ridge Farm

## Liability and waver for Kids Fun Horse Camp

Last Name: First Name: \_\_\_\_\_

Parent Name \_\_\_\_\_

Birth Date: Height: \_\_\_\_\_

### Mailing Information

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Riding Experience

How many years? Where? \_\_\_\_\_

Jumping/Showing experience? \_\_\_\_\_

What other sports/activities is child involved in? \_\_\_\_\_

### Medical Information

Health Card #: \_\_\_\_\_

Physician Name: Tel: \_\_\_\_\_

**Emergency Contact Name: (other than above, please print)** \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

**Please advise of any medical conditions**, ie. Asthma, allergies, ADD, osteoarthritis etc. other which may affect the rider's health in any way:

Campers only: Has your child received any psychological/psychiatric/family therapy in the last 12 months? If yes, explain. \_\_\_\_\_

**Is the camper currently taking any medication?**

Instructions. Under NO circumstances should a child carry his/her medication unsupervised.

Release from Liability or Medical Expenses Form

The rider/camper and/or his/her parent(s) and/or guardian(s) hereby acknowledge the risks and hazards inherent in

riding and working around animals, not to be limited to: horses, donkeys, dogs and cats and

agree to assume all responsibility and risk of bodily injury including death or damage to property and further agree to hold harmless and wave the right to sue for any reason

and indemnify Apple Ridge Farm and its owners, employees, volunteers, agents, and representatives from all

claims for any bodily injury, howsoever caused, to persons or damage to property arising out of or resulting from the

camper's Apple Ridge Farm premises or use of horses at or from Apple Ridge Farms, as a rider,

groom or spectator or otherwise in any type of Apple Ridge Farms organized, sponsored, supported or endorsed

activity, whether on Apple Ridge Farms premises or elsewhere, and including transportation provided by

Apple Ridge Farms or the individuals or organizers referred to herein. The camper and his/her parent(s) and/or

guardian(s) do hereby consent to any medical examination, treatment or medical services that may be rendered to said

camper under the general or specific instructions of any physician or hospital. It is understood that this consent is given

in advance of any specific diagnosis or treatment. The rider/camper and the undersigned parent(s) and/or guardian(s)

agree to assume responsibility for payment of all fees for doctors, hospitals, ambulances and/or other medical charges

reasonably and necessarily incurred. Insurance is the responsibility of the rider/camper and/or his/her parents.

The rider/camper and his/her parent(s) and/or guardian(s) do hereby consent that photos/images of the camper/rider may

be used in Apple Ridge Farms articles and advertisements without payment or remuneration to that said camper/rider.

Please note that the balance of camp fees must be received no later than first day of your child's camp week

camp session. Camp fees deposits and withdrawing your child from camp, are all non-refundable.

I hereby declare that in making this entry I have read and fully understand and agree to the terms and conditions stated herein, and that it is binding on my executors, heirs and assigns.

The rider/camper and/or his spouse or parents verify that they have never filed a personal injury lawsuit.

Day\_\_\_\_\_ Month\_\_\_\_\_

Year\_\_\_\_\_

Childs name \_\_\_\_\_

**Signature** (under 18 parent guardian signs)\_\_\_\_\_

Printed name\_\_\_\_\_