

SUMMER HORSEMANSHIP CAMP REGISTRATION 2023

\$425 PER CHILD/PER SESSION \$100 FOR SINGLE DAYS

RESERVE YOUR HORSEMAN'S SPOT - SPACES EXTREMELY LIMITED

DATE OF REGISTRATION:						
PARENT(S) NAME: DRIVER'S LICENSE NUMBER FOR CHECK PAYMENTS:						
NAME & BIRTHDATE OF HORSEMAN/HORSEMEN):						
Name:	Birthdate:		Name:		Birthday:	
Name:	Birthdate:		Name:		Birthday:	
CHECK YOUR DESIRED SESSIONS:						
☐ JUNE 5-9	☐ June 12-16		June 19-23	☐ June 26 - 30		
☐ July 3-7	☐ July 10-14	☐ July 10-14 ☐ Ju		☐ July 24-28		☐ July 31-Aug 4
☐ Aug 7-11	☐ August 14-18					
FOR SINGLE DATES, WRITE DOWN WHICH DAY(S)						
PHONE NUMBER(S):						
EMAIL ADDRESS:						
MAILING ADDRESS:						
EMERGENCY CONTACT (NAME/NUMBER)						
ANY KNOWN ALLERGIES:						
CHECK WRITING INSTRUCTIONS: 1. Write your check number on this form; be sure to include driver's license number 2. Name of the student(s) 3. Note the date(s) of camp you are paying for						

PAYMENT INFORMATION:

- 50% Non-Refundable Deposit \$212.50 HOLDS a spot for EACH session (Example: 3 Sessions for one Horseman = \$637.50 Deposit)
- Zelle (Use number 619-701-3444) Cash or Check Accepted
- REMAINING PAYMENT DUE ON OR BEFORE FIRST DAY REMAINING PAYMENTS ARE NON-REFUNDABLE ONCE CAMPS START
- MAKE CHECKS OUT TO: THE RIDING SCHOOL
- MAIL DEPOSITS TO: PO BOX 2242 Rancho Santa Fe, California 92067 (Call to confirm registration)
- Terms are subject to change without notice. All parents must sign liability waivers for minor children.

www.theridingschool.net

School Location: 872 Busch Drive, Vista Call/Text: 619-701-3444

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE. READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. By this agreement, make and entered this _ day of __ _____, 20___ by and between __ , hereinafter referred to as "I" and Riding School, hereinafter referred to as "THIS STABLE". On behalf of myself, my personal representatives, heirs, next-of-kin, spouse and assigns, I HEREBY: 1. Voluntarily request to participate in riding instruction as a student at this stable, and that student will either ride his or her own horse, or school horses provided by THIS STABLE for instructional purpose. 2. Understand that horses are unpredictable by nature and that a horse may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break—'all of which may cause the rider to fall or be jolted. resulting in serious injury or death, and that horseback riding is a dangerous activity and involves RISKS that may cause SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance. 3. Voluntarily assume the risk and danger of injury or death inherent in the use of the horse, equipment and gear provided to me by Stable, and RELEASE, DISCHARGE AND PROMISE NOT TO SUE the Stable, doing business under its own name or any other name and/or any of its owners, officers, employees and agents (hereinafter the "Releasees"), for any loss, liability, damage, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my person or property. 4. Release the Releasees from any claim that such Releasees are or may be negligent in connection with my riding experience or ability 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, and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, including riding in horse shows and fun days at this stable or off the premises, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, an sponsors of THIS STABLE and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and /or property. 5. INDEMNIFY, AND SAVE AND HOLD HARMLESS the Stable and its employees and agents from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my use of the horse and any equipment or gear provided therewith or any acts or omissions of employees or agents and agree to abide by and follow all instructions given or rules established by the Stable or any of its employees, with regard to my use of the horse or any equipment or gear provided therewith and that upon signing of this agreement, student acknowledges that he/she has read and agrees to be bound to THIS STABLE's lesson policies and rules, including, but not limited to, those listed on the reverse side. 6. Understand that upon mounting the horse and taking up the reins the student is in primary control of the horse and THIS STABLE is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse, or deliberately agitate the horse as these actions may result in increased risk to himself and 7. As the Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by the State of California and is intended to be as broad and inclusive as is permitted by California law, and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the Agreement shall not be affected for impaired in any way and shall continue in full legal force and 8. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Stable or its owners, agents, or employees 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. Attest that the student is currently covered by accident-medical Insurance and will remain insured for the duration of all riding instruction at THIS STABLE. Name of Insurance company is Policy number is Self-insured That I further understand that should a medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills. Are you pregnant or do you (or your child) have any history of epileptic seizures, heart condition or any other medical problem that could be affected by horseback riding? YES() NO() If YES please explain. I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT THIS DATE PARENT OR GUARDIAN DATE SIGNATURE OF RIDER DATE _____20___ (If of legal age and not under guardianship)

www.theridingschool.net

PARENT/GUARDIAN WAIVER - FOR MINER If the person who is to enter into this agreement (referred to as the "Undersigned" above) is under eighteen (18) years of age, his/her parent or guardian must read and sign the

affirms that he/she had read the Agreement, understands the Agreement and understands that the Agreement is a release of all claims for injury, death and property damage, and understands and consents to the terms on behalf of him/herself and on behalf of the minor, and agrees to indemnify and save and hold harmless the Releasees from any loss,

, acting as parent, natural guardian or legal guardian of

liability, damage, or cost they may incur because of any defect in or lack of capacity to act on behalf of minor in executing this Agreement.

following:

Parent/Guardian signature

work #

(hereinafter the "minor") hereby

School Location: 872 Busch Drive, Vista

Call/Text: 619-701-3444

DATE DEPOSIT MADE: ____/___/_____/ TYPE OF DEPOSIT: CASH / CHECK

ADMINISTRATIVE NOTES: