

PA Day Camp Registration Form

Friday October 9, 2015 <input type="checkbox"/>	Friday January 22, 2016 <input type="checkbox"/>
Friday November 20, 2015 <input type="checkbox"/>	Friday June 3, 2016 <input type="checkbox"/>



(Revised September 2015)

7143 Ashburn Road
Brooklin, Ontario.
L1M 1L6
(905) 655-4280
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springfieldstables@on.aibn.com
www.springfieldstables.ca

Camper's Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: (____) _____ Email: _____

Date Of Birth: _____ Height: _____ Weight: _____

Health Card Number: _____

Any Medical Conditions? _____ Yes _____ No

If Yes, List: _____

Any Previous Riding Experience? _____ Yes _____ No

If Yes, How Many Years? _____ Name of Riding Academy: _____

Legal Guardian's Name: _____ Date of Birth: _____

Guardian's Address: _____ City: _____ Postal Code: _____

Springfield Stables Riding Academy Policies and Rider Acceptance of Risk

1. Payment for camp **must be made in full** prior to the first day of camp. Failure to do so, can and will result in cancellation of the camper's space.
2. Payment for camp may be cash or a cheque, made payable to Springfield Stables. Cheques returned by the bank will result in a \$50.00 returned cheque charge.
3. Campers are required to wear long pants, an equestrian ASTM approved helmet and footwear with a small heel. No campers will be permitted in the barns or to ride without the required attire.
4. Campers will abide by all the stables safety rules.

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “**For Participants Not 18 Years Old**”
TO: Springfield Stables Riding Academy (1596436 Ontario Ltd.) their directors, employees, officers,
volunteers, business operators, and site property owners. (all of them collectively called the HOST)

Initial each item below After Reading and Understanding the item

- ___ **1. I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**
- ___ **2. I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these **“RISKS”** are a common occurrence.
- ___ **3. I Acknowledge** that the Inherent **“RISKS”** of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
 - The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- ___ **4. I Freely Accept and Fully Assume All Responsibility** for the Inherent **“RISKS”** and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.
- ___ **5. I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- ___ **6. In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**
- **To Waive All Claims that I or the infant Participant might have against the “HOST”;** and
 - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant’s Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
 - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant’s Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____ 20 _____

(Print Name of HOST Witness to signing & Initialing)

(Signature of Participant)

(Signature Host Witness)

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above

Helmet rental required

Yes

No