



WILD WEST CAMP

Registration Form

Camper's Name: _____ Birth Date: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Bus. Phone: _____

Cell Phone: _____ E-mail: _____

Health Card Number: _____

Date of Camp(s): _____

Any medical problems we should be aware of? Yes No

Details: _____

Names of friends or siblings you would like to be in a "posse" with: _____

Please send in the following with your registration:

1. Completed Registration Form.
2. Completed "Acknowledgement of Risk and Release of Liability" Form.
3. Payment for the amount of: \$ _____

Method of Payment: Cash Cheque Visa Master Card

Credit Card Info: Name of Cardholder: _____

Card Number: _____ Expiry Date: _____

Signature: _____

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “ For Participants Not 18 Years Old”

Please Print Clearly

Child’s Name: _____ Date of Birth: _____

Child’s Address: _____ City: _____ Prov: _____ Postal: _____

Guardian’s Name: _____ Date of Birth: _____

Guardian’s Address: _____ City: _____ Prov: _____ Postal: _____

The Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: B ‘N’ R Stables, 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 _____ (date), day of _____ (Month), 20____

(Print Name of BNR Stables Staff as Witness to signing & Initialing)

(Signature of Participant)

(Signature of BNR Stables Staff as Witness)

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above