



Vicky Rowe \* 18923 Crop Road \* Riverside, CA 92504 \* 951.515.3834

\_\_\_ Summer Camp Session 1 (June 22-26, 2009)

\_\_\_ Summer Camp Session 2 (July 06-10, 2009)

\_\_\_ Summer Camp Session 2 (July 13-17, 2009)

Date: \_\_\_\_\_

Rider's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**In Case of Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION AGREEMENT

I, the undersigned (and/or parent or guardian of) \_\_\_\_\_

in consideration for allowing me (or my child) to ride, participate in a clinic or lesson, view or try a horse for sale or otherwise to participate in any other equestrian or non-equestrian (including swimming, running, playing games, etc.) activities at 18923 Crop Rd., in Riverside, I AGREE to all of the following:

I AGREE that I choose to participate voluntarily in the Equestrian Activities, as a rider, handler, vaulter, longeur, lessee, owner, agent, coach, trainer, spectator, or as a parent or guardian of a junior participating in such Equestrian Activities. I am fully aware and acknowledge that horse sports and Equestrian Activities involve inherent dangerous risks of accident, loss, serious bodily injury, including broken bones, head injuries, trauma, pain, suffering, and even death (“Harm”). For purposes of this Release, Assumption of Risk, Waiver and Indemnification “Horse” shall mean any equine.

I AGREE to release Lindall Hunters, Vicky Rowe, Charlie Rowe, any employees, personnel, volunteers, or agents (the “Indemnified Parties”) from any and all claims for money, damages, or otherwise for any Harm to me, my horse or my personal property and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Indemnified Parties.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Indemnified Parties.

I AGREE to indemnify (that is, to pay any and all losses, damages, or costs incurred by) the Indemnified Parties and to hold them harmless with respect to all claims for Harm to me or my Horse, and for claims made by others for any Harm caused by me or my horse at 18923 Crop Rd., in Riverside.

I understand that wearing protective equipment is strongly encouraged and wearing an ASTM/SEI certified helmet while mounted at 18923 Crop Rd., in Riverside, is MANDATORY and I further understand that no protective equipment can guard against all injuries. If I am a parent or guardian of a minor, I consent to the minor’s participation, AGREE that if I choose to drop the minor off at 18923 Crop Rd., in Riverside, the minor may not be supervised at all times, and AGREE to all of the above provisions and AGREE to assume all of the obligations of this Release, Assumption of Risk, Waiver and Indemnification on behalf of the minor.

I ACKNOWLEDGE THAT I HAVE READ THE RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION AGREEMENT, UNDERSTAND ITS CONTENTS, AND AGREE TO ALL OF THE TERMS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Name of Minor Child

\_\_\_\_\_  
Address