

July 15-18, 2024  
**Summer Camp Registration**

**Participant**

Full Name	Age (mm/dd/yy)
Tee Shirt Sizing	
Child(s) AHC	

**Parental Personal Information**

Full Name	
Address	
Phone	Email
Does your child have any allergies we should be aware of?	Do they take any current medication for those allergies?

**Riding History**

Has your child ridden before? <input type="checkbox"/> No <input type="checkbox"/> Yes	How did you hear about us?
What kind of horse experience does your child have?	

**Emergency Contact**

Please note that you have to provide two emergency contacts besides yourself. You can include yourself as #1.

Full Name	Relation	Phone
1.		
2.		
3.		

**Payment**

To secure your spot in the summer camp, please ensure payment of the full amount via e-transfer. Additionally, please note that a \$100 non-refundable fee applies in the event of withdrawal from the camp.

**Payments at this time are only being accepted via e-transfer.**

If you have any questions or concerns, please do not hesitate to reach out to the contact information provided below.

☎ Meghan 780-842-8494  
Kelly 780-297-6585

✉ lessons@wachterhorses.com

🌐 www.wachterhorses.com

ACKNOWLEDGMENT OF RISK & RELEASE OF LIABILITY

PLEASE PRINT CLEARLY

Participant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postal Code: Phone: Under18—Yes or No (pleasecircle)

If Participant is under 18:  
Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Every participant or Parent/Guardian MUST read & understand this prior to participation in Equine Activities

To: Wachter Horses & JoyHill Ranch Ltd., their directors, employees, officers, volunteers, business operators, and site property owners. (Collectively hereinafter referred to as "Host")

Initial each item below after reading and understanding each:

- 1. I am the participant; OR
- 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 a parent and/or legal guardian and with the intent that this form be binding myself and the infant participant for all legal purposes.
- 2. I understand there are DANGERS, HAZARDS, and RISKS, (hereinafter referred to as "Risks") associated with Equine Activities and injuries resulting from these risks are a common occurrence
- 2. I acknowledge that the inherent Risks of Equine Activities mean those DANGEROUS conditions which are integral part of Equine Activities, including but not limited to:

\_\_\_\_\_

- The propensity of an 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 movements, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects or absolutely nothing at all;
- 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, theirs or otherwise.

- 3. I freely accept and fully assume all responsibility for the inherent Risks and the possibility of personal injury, death, property damage or loss resulting from my or my infant participating in equine activities;
- 4. I acknowledge that it remains my Sole Responsibility to act in such a manner as to be responsible for my own safety of said infant and to participate within my own or his/her own limits;
- 5. In addition to consideration given for my or my infant participant to participate in Equine Activities, I and my heirs, executors, administrators and assigns (hereinafter collectively referred to as "Legal Representatives") agree

- To save harmless and keep indemnified the Host from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my or the infant participant taking part in this event notwithstanding that the same may have been contributed to or occasioned by the negligence of the Host.

Before signing this form I have read it (as indicated by my initials above) and I stated that I understand it. I further state that 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.

\_\_\_\_\_  
Print name of Host Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Signature of Host Witness

# Summer Camp Media Release Form

Name of Rider:

Age:

Phone

Number:

Address

I, \_\_\_\_\_, hereby release the use of any photo, or video recording of me taken by the instructors of the Right Start Riding Program to be used by Wachter Horses for self-use or promotion on all social media platforms, business cards, brochures, posters or advertisements.

Signature

Date

Print Name

Witness

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