



Innsbrook Stables 2017 Horse Camp

Registration Form

Camper _____ Age _____ ☐ Male ☐ Female

Parents/Guardians _____

Address _____

City/State/Zip _____

Phone (_____) _____

Email _____

Camp Dates

May 29-June 1

June 5-8

June 12-15

June 19-22

June 26-29

Camp T-Shirts (no additional cost)

(Check size)

☐ Child Small

☐ Child Medium

☐ Child Large

☐ Adult Small

Food: Snacks, water, and fruit drinks will be provided.

Sessions: Camps are Monday through Thursday from 9 a.m. to 1 p.m.

Camp Costs: Camp cost is \$275. A non-refundable deposit of \$100 is due when the registration form is completed and returned. The remaining amount is due the first day of camp. Payments should be in the form of cash or check. Please make checks payable to Kim Michelson. **YOU WILL ONLY BE CONTACTED IF THE CAMP IS FULL.**

Dress Code: Campers should wear jeans or long pants, with a light-weight shirt, all of which are suitable for riding and farm activities (campers will get dirty). Hard-soled shoes are more appropriate than sneakers (no flip-flops). Campers must wear helmets whenever they ride. You are welcome to bring your own, but we have plenty helmets if you don't.

Parents/Guardians: Please fill out attached liability waiver and return with this form.



Innsbrook Stables 2017 Horse Camp

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any way in Horse Camp and related activities, I hereby agree, acknowledge and appreciate that:

1. **I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE,** the following named persons or entities, herein referred to as releasees.

Kim Michelson (Innsbrook Stables)

Owner (Company and/or Person)

2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur, as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

S/_____
Signature of Parent or adult legal
Guardian if Participant is a Minor, and
by their signature, they on my behalf
release all claims that both they and
I have

Name of Parent or adult legal Guardian
(Please Print)

Date

Minor's Full Name

Date