



CNY EVENT RANCH SUMMER CAMP

CNY Event Ranch, Mailing address 8283 State Route 104 Oswego NY 13126. Physical address 8341 State Route 104 Oswego NY 13126.

Phone #315-564-3183 Cell #315-806-5171

Email: ashley@cnyeventsolutions.com

CNY EVENT RANCH HEALTH & LIABILITY RELEASE FORM:

Name: _____ M / F Age _____ Weight ____ Height ____”

Date of last boosters: Tetanus _____ Is appendix removed? _____

Is camper subject to: Asthma _____ Diabetes _____ Convulsions _____

Any allergic reactions to drugs, insects, plants, animals, foods, etc., list any applicable: _____ Any specific health problems or diet restrictions? _____

Is camper under psychiatric care? _____ If yes, please obtain doctor's signed permission to attend camp. Health insurance company & policy #: _____ Emergency Release

Statement: In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by CNY EVENT RANCH Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, for my child named above. Unless I attach signed and dated instructions otherwise, by signing below I grant CNY EVENT RANCH Camp the right to use pictures taken of my child in their future brochures and advertisements. I, therefore, sign my signature: Parent/Legal Guardian:

_____ Date: _____

Release and Hold Harmless Agreement for Equine Activities The participant signing below assumes the unavoidable risks inherent in all horse-related activities, including but not limited to, bodily injury and physical harm to horse, rider, and spectator. In addition, the Participant is hereby provided notice that this facility allows breeding stallions, mares, gelding, and young horses in its facility. The Participant signing below assumes the unavoidable risks inherent in the riding, handling, and presence of such animals, including, but not limited to, bodily injury and physical harm to horse rider, and spectator. In consideration, therefore, for the privilege of riding and/or working around horses at CNY EVENT RANCH Equestrian Center & Camp, located at 8341 STATE ROUTE 104, the Participant does hereby agree to hold harmless and indemnify CNY EVENT RANCH Equestrian Center & Camp and any of its employees, and further release each from any liability or responsibility for accident, damage, injury, or illness to the Participant, or to any horse owned by the Participant, or to any family member or spectator

accompanying the Participant on the premises. If Participant is a minor, Participant is required to wear an approved riding helmet and must have Participant's parent or guardian sign this agreement. If Participant is 18 years or older and does not wish to wear an approved riding helmet, Participant must sign below to that effect. Liability Statement New York passed the Inherent Risk Bill (HB 2650) which pertains to equine activities. The law now states that those who choose to participate in equine activities assume an inherent risk. Horses, just because of their size and temperament, can cause injury without incurring a liability for the owner. That is, a horse may step on someone's foot., or buck when stung by a bee, and the owner is not liable. The primary responsibility of the owner is to provide a horse which matches the rider's ability, proved good tack, and remove any hidden or dangerous obstacles from riding areas. Signature of Participant (or Parent/Guardian if under 18): Option for Over the Age of 18 Only I fully understand that when working with, around, or riding horses there is an inherent risk involved; however, I do not wish to wear an approved riding helmet while participation in the horse-related activities at CNY EVENT RANCH Equestrian Center and Camp.

I have read completely and understand this release and the Liability Statement of the Inherent Risk Bill (BH 2650).

Signature: _____ Date: _____

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Rider Evaluation Form Please print clearly and return promptly to ensure that you are assigned a horse that matches your riding ability.

Have you ever been to CNY Event Ranch Before? \_\_\_\_\_ When/Why? \_\_\_\_\_ Have you been to another riding camp before? \_\_\_\_\_ Describe your riding ability in detail explaining everything you have learned (walk, trot, canter, 2-point, posting, jumping etc.) \_\_\_\_\_ Which (if any) horses have you ridden here? \_\_\_\_\_ Rider Evaluation Form Please

Do you want to ride English or western when you come? \_\_\_\_\_.

|                                       |  |
|---------------------------------------|--|
| Parent or guardian first & last name: |  |
| Address:                              |  |
| Cell Phone #                          |  |
| Work Phone #                          |  |
| Emergency Contact Name & Number:      |  |
| Any other details:                    |  |

