CCEC 2019 Summer Horsemanship Session II

The following agreement is made and entered into this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019 by and between Cape Cod Equestrian Center, LLC, hereinafter referred to as “Stables”, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_. Parent/Guardian agrees to pay the sum of $100 per day or $425 for 5 days to enroll \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, thereinafter referred to as “Rider”, in CCEC Summer Horsemanship Session II. Please fill out and return signed forms and payment (checks made payable to CCEC) to Elise or Angie, or mail to:

**Cape Cod Equestrian Center**

3187 E Centerville Road

Spring Valley, OH 45370

Camp Dates Attending:

\_\_\_\_ July 22nd 9:30 AM – 3:30 PM \_\_\_\_ July 25th 9:30 AM - 3:30 PM

\_\_\_\_ July 23rd 9:30 AM – 3:30 PM \_\_\_\_ July 26th 9:30 AM – 3:30 PM

\_\_\_\_ July 24th 9:30 AM – 3:30 PM \_\_\_\_ I will require after care (until 5:00 PM $10/hour)

Ages 7 and up. Long pants and close-toed hard soled shoes required for riding. All riders are required to wear a helmet while mounted. Helmets may be provided by the stables, so long as the helmet properly fits. Stables *STRONGLY RECOMMENDS* rider provide their own certified protective head gear. Rider will be assigned a horse for his/her use during the hours set forth above. Activities will include riding and grooming as well as instruction in the proper care and handling of saddles, bridles, and other riding equipment. The rider is to bring a lunch. Snacks and Water provided. Pizza provided on Friday of camp. Parent certifies that he/she is aware of the dangers and risks of accident inherent in riding and attendance of horses and fully assumes all such risks of loss, damage, injury or accident.

UNDER OHIO LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIIES.

Ohio Revised Code 2305.321

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CCEC Use of Pool Liability Waiver**

In consideration of my use of the pool and facilities provided by Cape Cod Equestrian Center, LLC, I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that arising from personal injuries (including death) sustained by me or my child/ward in, on, or about the premises, or as a result of the use of the pool or facilities, regardless of whether such injuries result, in whole or in part, from negligence of Cape Cod Equestrian Center, LLC. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non‐economic), and losses of any type, which may occur to me or my child/ward, and I hereby fully and forever release and discharge Cape Cod Equestrian Center, LLC, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the use of said pool and facilities.   I expressly agree to indemnify and hold Cape Cod Equestrian Center, LLC harmless against any and all claims, demands, damages, rights of actin, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my child/ward. I understand that Cape Cod Equestrian Center, LLC does not provide certified lifeguards or swimming instruction for the use of the pool facilities and equipment.   I agree to comply with all rules imposed by Cape Cod Equestrian Center, LLC regarding the use of facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using equipment in a manner inconsistent with its intended design and purposes.   I understand  and acknowledge that the use of the pool and equipment involves risk of serious injury, including permanent disability and death. I hereby certify that I know of no medical problems that would increase my/my child’s/my ward’s risk of illness or injury as a result of use of the Cape Cod Equestrian Center, LLC pools facilities and/or equipment. I understand and agree that the company is not responsible for property that is lost, stolen or damaged while in, on, or about the premises. I have read the foregoing waiver and release of liability and have voluntarily executed this document with full knowledge of its content.

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or guardian if under 18)

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

**CCEC CAMPER INFORMATION**

Rider’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Numbers (That Apply)

Home: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Work: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Cell: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT IF MOTHER AND/OR FATHER ARE UNAVAILABLE**

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

Phone : (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If rider has special needs or is taking medication that would impair judgment please explain:**