

Summer Camp Registration

Please submit one form per camper

Today's Date *



Month Day Year

Choose a camp *

Camp #1 July 19 - 23

Camp #2 August 9 - 13

Camper's Information

Name *

First Name Last Name

I have a sibling attending Camp *

yes

No

Riding Experience *

None

Walk/Trot

Canter

Jump

Gender *

Male

Female

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Parent/Guardian Information

Name *

First Name

Last Name

Home Number *

Area Code

Phone Number

Cell Number *

Area Code

Phone Number

E-mail *

example@example.com

Emergency Information

Emergency Contact's Name *

First Name Last Name

Relationship *

Phone Number *

Area Code Phone Number

Alt. Phone Number *

Area Code Phone Number

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY –

Every person must read and understand this form before participating in equine activities.

To: Pat, Dewar and Sean Laing,, CIDERMILL FARMS INC., CANADA SOUTH EQUESTRIAN EVENTS , and their directors, employees, officers, volunteers, business operators, and site property owners (all of them collectively called the HOST)

Please check each statement to acknowledge reading and comprehension of each statement below.

*

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 parent and/or legal guardian and with the intent that this form be binding in the myself and infant participant for all legal purposes.

I Understand there are inherent DANGERS, HAZARDS AND RISKS (collectively called RISKS) associated with equine activities and injuries resulting from these "RISKS" are a common occurrence.

I Acknowledge that the Inherent "RISKS" of Equine Activities mean those DANGEROUS conditions which are an integral part of Equine Activities, including but not limited to:

- The propensity of any 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 the equine reaction to such things as sound, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The unpredictability of the equine reaction to such things as sound, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- 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 to maintain control over an equine.

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 Participation in Equine Activities.

I acknowledge that it remains my Sole Responsibility to act in such a manner as to be responsible for my own safety and to Participate within My Own Limits, and to use safe and where necessary CSA approved equipment in accordance with the laws of Ontario while Participating in Equine Activities, including but not limited to, a CSA approved riding helmet for participants/competitors.

In addition to my consideration given for my Participation in Equine Activity, I and my heirs, executors, administrators, and assigns (collectively called my "Legal Representatives") agree · To waive all claims that I or the infant Participant might have against the "HOST" and · To Release the "HOST" from any and all Liability for any loss, damages, injury, or expense that I or my or "Legal Representatives" might suffer as a result of my Participation due to any cause whatsoever including any NEGLIGENCE ON THE PART OF "HOST" and · To HOLD HARMLESS AND INDEMNIFY THE "HOST" from any and all liability for property damage or personal injury to any third party which might result from my participation in Equine Activities.

Before signing this form, I read it, and stated that I understand it. I know that signing this form waives certain legal rights I or my "Legal Representatives" might have against the "HOST"

Medical Release and Authorization

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Cidermill Farms and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Payment options *

Cash

Cheque payable to Cidermill Farms

e-transfer riding@cidermill.ca

Confirmation

BY ACKNOWLEDGING AND SIGNING BELOW, I AM DELIVERING AN ELECTRONIC SIGNATURE THAT WILL HAVE THE SAME EFFECT AS AN ORIGINAL MANUAL PAPER SIGNATURE. THE ELECTRONIC SIGNATURE WILL BE EQUALLY AS BINDING AS AN ORIGINAL MANUAL PAPER SIGNATURE.