** CAMP REGISTRATION FORM**

R of R Use

Pictures: Y or N

Allergies: Y or N

Pick Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid: Y or N Check #\_\_\_\_\_\_\_\_

INFO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_

Camp Date Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\*Pizza, chips, and cookies will be provided. If there are food allergies or sensitivities, please send a lunch and snack with your child.
Medical Concerns and/ or Special Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/ Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In Case of Emergency Contact:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person picking child up from camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*May Reins of Rhythm Riding & Horsemanship contact you about future events?*  **Yes or No**

**Photo Release:**

I hereby consent to and authorize all photographs to be used in Reins of Rhythm Riding & Horsemanship publications, Reins of Rhythm FB page and/or websites. I also consent and authorize the use and reproduction of any photographs taken of me, or my son/daughter, or ward for promotional printed material or educational activities.

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

*\*\*We will post photos from the Day Camps in an album on the R of R FB page so that you may save photos that include your participant.*

**Camp Release Form**

**Reins of Rhythm Riding & Horsemanship**

**RELEASE AND HOLD HARMLESS AGREEMENT**

**AGREEMENT**

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling;

IN CONSIDERATION, therefore, for the privilege of taking lessons and working around horses with Reins of Rhythm, the Undersigned does hereby agree to hold harmless and indemnify the facility, its owners, volunteers, officers, agents, independent contractors and employees (all of these hereafter referred to and included under : Reins of Rhythm) and further **release** Reins of from any liability or responsibility for accident, damage, injury, or illness to the undersigned or any horse owned or leased by the Undersigned or to any family member or spectator accompanying the Undersigned while under the direction and instruction of Reins of Rhythm. In consideration to be accepted into this program and intending to be legally bound hereby, you agree to assume the risk of **equine** activities pursuant to Pennsylvania Law. The undersigned participant understands that equestrian activities are inherently dangerous and accepts risks involved therein (including, without limitation, the risk of injury to the participant and, death and damage or destruction of horses and other property).

**Reins of Rhythm Release and Hold Harmless Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned (“The Rider”), being above age eighteen, or the legal guardian of the undersigned who is under age eighteen, in consideration for being to engage in any equine activity or event thereon, do hereby acknowledge the assumption of risk of participating in any equine activity at the facility, and further agree to waive rights, and release and discharge Reins of Rhythm behalf of the Rider, myself, my heirs, assigns, personal representative and estate as follows. The Effective Date of this Agreement is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**1. ACKNOWLEDGEMENT OF RISK**

Although every effort has been made to provide a safe environment for the safe and enjoyable conduct of equine activities, any activity performed with or around a horse is not without certain known and unknown risks. The same elements that contribute to the unique character of horseback riding can also cause loss or damage to equipment or property, accidental injury to participants, illness, or in extreme cases, permanent injury or death. Injuries and property damage due to equine related activities are not uncommon. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright, which may cause the Rider to be thrown from his/her horse or injured by the horse. Horses may do such things as bite, kick, buck, rear, lie down, trample, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. A horse may collide or spook from obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stumps, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause the Rider to lose control of his/her horse and fall.

Accordingly, by the Rider’s signature below, he/she acknowledges the known and unknown risks; identified or unidentified above, anticipated or unanticipated that may, by participating in any equine activity at the facility, result in bodily injury, death, illness, or damage to the Rider or his/her property or to the body and property of others.

**2. ACCEPTANCE AND ASSUMPTION OF RISK AND RESPONSIBILITY**

Being aware that any equine activity in which the Rider participates in, there are unknown risks of injury, the Rider expressly agrees to accept all risks, including risks, known and unknown, arising from participation in any equine activity, whether or not the Rider is in the saddle or on the ground, a handler or merely a spectator. Participation in any activity upon the Property of the Facility is purely voluntary and the Rider elects to participate in spite of the risks.

**3. WAIVER AND RELEASE OF RIGHTS**

The Rider voluntarily releases and forever discharges Reins of Rhythm from any and all liability, claims, damages, demands, attorney fees, actions or rights of action, which are related to, arise out of, or are in any way connected with the Rider’s participation in any equine activity, including specifically but not limited to the negligent acts or omissions of the facility, for any and all bodily injury, death, illness, or damage to Rider or Rider’s property, or injury to the person or property of a another. Rider holds harmless and indemnifies Reins of Rhythm from any and all liability, claims, damages, defense costs, attorney’s fees, and any other costs or expenses incurred in connection with any claims for bodily injury or property damage which Rider may acquire or which Rider may negligently or intentionally cause to others in the course of participation of any equine activity upon the property of the facility.

**4. ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE**

Rider understands and acknowledges that by signing this Release, he/she has waived and relinquished certain legal rights and/or possible claims which Rider might otherwise be entitled to assert or maintain against Reins of Rhythm including specifically, but not limited to, rights arising from or claims for the negligent acts or omissions. Rider further acknowledges that he/she has assumed all risks of participation in any equine activity and legal liability for claims or other legal demands, including defense costs, which may be asserted by third parties against Rider as a result of his/her participation in any equine activity.

Rider understands and acknowledges that by signing this document, he/she waives and releases the protection(s) afforded by any statute or law concerning property owner liability, whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.

Rider’s signature below indicates that he/she has read this entire Release, understands it completely, and acknowledges that he/she is waiving and releasing potential legal rights and claims against Reins of Rhythm, its owners, officers, operators, employees, volunteers, independent contractors and agents. This Agreement shall be governed in all respects by the laws of the Commonwealth of Pennsylvania, and if any litigation arises in connection with this Release, the prevailing party in such dispute shall be entitled to recover attorney fees and costs. While on the property of the facility, the rider agrees to act in accord with all facility rules.

**RIDER INFORMATION AND SIGNATURE**

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

Signature if Over 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian If Under 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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