



# WILD WEST CAMP

## REGISTRATION FORM

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Health Card Number: \_\_\_\_\_

Any Medical problems we should be aware of? Yes No Details: \_\_\_\_\_

Date of Camp; \_\_\_\_\_

Names of friends or siblings you would like to be in a "posse" with: \_\_\_\_\_

It is okay for B'N'R Stables to take pictures of camper : Yes No

B'N'R Stables can use pictures of camper for advertising ie. Web site: Yes No

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Please send in the following with your registration form:

1. Completed Registration Form
  2. Completed "Acknowledgement of Risk and Release of Liability" Form
  3. Payment for the amount of: \$ \_\_\_\_\_
  4. Method of Payment: Cash Debit Cheque Visa Mastercard
  5. Credit Card Info: Name of Cardholder: \_\_\_\_\_
  6. Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- VC Code: \_\_\_\_\_ Signature: \_\_\_\_\_



ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “ For Participants Not 18 Years Old”

Please Print Clearly

Child Participant’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child’s Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Guardian’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian’s Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

The Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: B’N’R Stables Inc. their directors, employees, officers, volunteers, business operators, and site property owners.  
(all of them collectively called the HOST)

**Initial each item below** After Reading and Understanding the item

- \_\_\_\_ 1. **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 guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**
- \_\_\_\_ 2. **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.
- \_\_\_\_ 3. **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 an equine’s reaction to such things as sounds, 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 or to maintain control over an equine.
- \_\_\_\_ 4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.
- \_\_\_\_ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- \_\_\_\_ 6. **In addition to consideration given for the infant to Participate 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, the infant Participant or our “Legal Representatives” might suffer as a result of the infant’s Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”**; and **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant’s Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

SIGNED This \_\_\_\_\_(date) day of \_\_\_\_\_(month) , 20 \_\_\_\_\_(year).

\_\_\_\_\_  
(Print Name of HOST Witness to signing & Initialing)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature Host Witness)

\_\_\_\_\_  
(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above