

REDBUFFALORANCH, INC.

Summer Camp 2009

Ages 8-14

Camper Name: _____ Age: _____

Address: _____

Parents/Guardians: _____

Phone #: (H) _____ (C) _____

Emergency Phone Number: _____

Health Ins. Carrier: _____ Policy #: _____

Allergies: _____

Physician: _____ Phone #: _____

Child Information:

Height: _____ Weight: _____ Experience: _____

5 Sessions

Session Desired:

Full-Day

- 1. _____ 15 June- 26 June
- 2. _____ 29 June- 10 July
- 3. _____ 13 July- 24 July
- 4. _____ 27 July- 7 August
- 5. _____ 10 August- 21 August

Full-Day . . . 8:30-4:30 \$600

\$50 non-refundable deposit required. Please make checks payable to: Red Buffalo Ranch and mail with registration form. Balance due two weeks prior to camp session.

Red Buffalo Ranch, Inc.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Print Name:	Age (if Minor):	Phone Number:
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1. I UNDERSTAND THAT THE ACTIVITY OF HORSEBACK RIDING INVOLVES NUMEROUS RISKS OF INJURY THAT ARE MY OWN RESPONSIBILITY, AND I ASSUME THESE RISKS, including loss of control, collisions, obstacles, whether they are obvious or not obvious. I and/or my family further understand that a horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times, based upon instinct or fright, which is an inherent risk to be assumed by each participant in the riding activity.

2. I UNDERSTAND THAT I MAY ENCOUNTER VARIATIONS IN TERRAIN THAT ARE MY RESPONSIBILITY AND I ASSUME THESE RISKS, including creeks, water, bridges, traveled roads, wild animals, bees, wasps, loose dogs, debris, rocks, cliffs, vegetative growth, and other obstacles, whether they are obvious, man-made or natural. (Please initial to show that you agree_____.)

3. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE AND THAT THE RISK OF INJURY IS INHERENT IN THIS ACTIVITY. I AGREE TO ASSUME THE RISK OF INJURY OR DEATH CAUSED BY HORSEBACK RIDING REGARDLESS OF MY LEVEL OF RIDING SKILLS. (Please initial to show that you agree_____.)

4. I AGREE THAT in consideration of the Red Buffalo Ranch, Inc. allowing my participation in this activity, under the terms set forth herein, I the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release and discharge the Red Buffalo Ranch, Inc., its owners, agents, employees, officers, directors, representatives, assigns, members, the Evansburg State Park, owners of premises and trails, affiliated organizations, insurers, and others acting on its behalf (hereinafter collectively referred to as ASSOCIATES), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to the Red Buffalo Ranch, Inc. and/or its Associates negligence, and I do further agree that I shall not bring any claims, demands, legal actions and causes of action against the Red Buffalo Ranch, Inc. and its Associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property

damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of the Red Buffalo Ranch, Inc., to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of the Red Buffalo Ranch, Inc., whether on or off the premises of the Red Buffalo Ranch, Inc. (Please initial to show that you agree_____.)

5. THIS AGREEMENT SHALL BE LEGALLY BINDING UPON ME, MY HEIRS, MY ESTATE, ASSIGNS, LEGAL GUARDIANS, AND MY PERSONAL REPRESENTATIVES. THIS RELEASE SHALL BE VALID FOR THIS DATE AND ALL FUTURE DATES. (Please initial to show that you agree_____.)

6. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OTHERWISE MAY HAVE, AND SIGN IT OF MY OWN FREE WILL. (Please initial to show that you agree_____.)

Signature of Rider

Date

Signature of Parent/Guardian if Rider is a Minor

Date
