

**Summer Camp 2024
Ages 8-17**

Camper Name: _____ **Age:** _____

Riding Experience: _____

Address: _____

Parents/Guardians: _____

Phone #: (H) _____ **(C)** _____

Emergency Phone Number: _____

Email Address: _____

Allergies: Hay _____

Experience: _____

**5 Sessions
Session Desired:**

Full-Day:

1. _____ June 17th -- June 28th
2. _____ July 1st-July 12th
3. _____ July 15th-July 26th
4. _____ July 29th -Aug 9th
5. _____ Aug 12th-Aug 23th

Full-Day---- 8:30-4:30 --- \$850 (Without Archery)_____

Check Number and amount#: _____

Full-Day 8:30-4:30 (With Archery) \$925.00

Check Number and Amount#: _____

\$425 non-refundable deposit required for each session. This deposit will cover one of your weeks for summer camp. Please make checks payable to: Red Buffalo Stables. We accept Cash, Check or Venmo. Our venmo name is @rideredbuffalo
Balance due no later than 3 weeks before start of camp session.

Red Buffalo Stables, LLC/ The 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. (Please initial to show that you agree _____.)

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 Stables, LLC/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 Stables, LLC/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 AASSOCIATES), 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 Stables, LLC/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 Stables, LLC/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 Stables, LLC/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 Stables, LLC/Red Buffalo Ranch, Inc., whether on or off the premises of the Red Buffalo Stables, LLC/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**