

DUZAN

Return Registration and Payment to :
Duzan Riding Academy
14191 State Road
Ostrander, Ohio 43061
Or Email to: Info@duzanridingacademy.com

Riding Academy

2018 Summer Camp Registration

Office Use Only:

Date Registration Received: _____
Payment: CHECK # _____ CASH PAYPAL
Date of Payment: _____
Liability Waiver on file? YES NO
Confirmation Email Sent? YES NO
Payment Entered in QB? YES NO

1. Camper Information

Child's Name: _____ Date of Birth: _____ Gender: M F

Parent Names: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Allergies, Medical Conditions, Social/Behavioral Issues we should know about: _____

Please describe your child's experience with horses. _____

Is there a friend you would like your child to be placed in camp with? Provide Name: _____

2. Extended Hours Reservation (8-9 am and/or 3-4 pm)

Monday _____ am _____ pm
Tuesday _____ am _____ pm
Wednesday _____ am _____ pm
Thursday _____ am _____ pm
Friday _____ am _____ pm

3. Camp Dates

Indicate your first and second choice of camps. Fill out a separate form for each week of camp if your child will attend multiple weeks.

- _____ Little Horse Lovers June 18-22 (\$325)
- _____ Novice Equestrian Camp June 4-8 (\$400)
- _____ Novice Equestrian Camp June 11-15 (\$400)
- _____ Novice Equestrian Camp July 9-13 (\$400)
- _____ Novice Equestrian Camp July 16-20 (\$400)
- _____ Intermediate Equestrian Camp July 30-August 3 (\$400)
- _____ Pony Club Camp June 25-29 (\$425)
- _____ Equestrian Team Bootcamp July 23-27 (\$425)

4. Summer Camp T-Shirt Size—one shirt free with camp.

Child S _____ Child M _____ Child L _____
Adult S _____ Adult M _____ Adult L _____
of Extra Camp Shirts @ \$12 each: _____

5. Payment Information

Number of camps x \$400 or \$325 LHL + _____
Additional \$25 for Eq Team/Pony Club + _____
Extended Hours # _____ @ \$10 each + _____
Extra Camp Shirt: # _____ @ \$12 each + _____
Late Registration (after 5/15) +\$12: + _____
Subtotal: = _____
Discount \$25 for sibling or 2nd week - _____
Discount \$25 Early Registration - _____
Add 3% of subtotal for credit card: + _____
Total Owed: = _____

Please circle your method of payment

1. CHECK # _____ 2. CASH 3. PAYPAL

We will contact you to get your information if you are paying by credit card (Paypal).

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Riding Academy

Disclosure and Release of Claims

I understand that participation in horseback riding and associated activities at *Duzan Riding Academy* will involve contact with trained and untrained horses and may give rise to a risk of personal injury.

I have had prior experience with horses and am aware that:

- Horses have the propensity to behave in ways which may result in injury, death, loss to riders, or other persons in the immediate vicinity;
- Horses may react in an unpredictable way to sounds, sudden movement, unfamiliar objects, person, or other animals;
- Riding a horse may give rise to risk of injury from hazards arising from the surface or subsurface of the ground on which the riding activity occurs;
- While riding a horse, I may be involved in a collision with another horse, another animal, a person, or object;
- Other participants may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to me or other participants; and
- Other participants may act in a negligent manner which otherwise may result in harm to me.

I agree to observe all safety procedures set forth by *Duzan Riding Academy* staff, and I will wear safety headgear and appropriate footwear when I am participating in horseback riding and its associated activities.

In consideration for the opportunity to participate in horseback riding activities and the use of services and facilities made available by *Duzan Riding Academy* and its employees, I do release and forever discharge for myself and my heirs, executors, administrators, and assigns, *Duzan Riding Academy*, and its trustees, officers, employees, and agents from all claims, demands, and causes of action for personal injury or any other damage which may arise out of or be in any way related to my participation in this activity.

Participant Name

Participant Signature

Date

If Participant is under 18 years of age:

Parent or Guardian Name

Parent or Guardian Signature

Date