



Camp/Rider Registration

Last Name: _____

First Name: _____

Birth Date (if under 21 yrs old): _____

Height: _____

Mailing Information

Mailing Address: _____ City _____

Parent Name

(if rider is under 18 yrs): _____

Telephone: _____

Cell: _____

Riding Experience

How many years? Where? _____

Jumping/Showing experience? _____

What other sports/activities are you involved in? _____

Camper Medical Information

Health Card #: _____

Physician Name: _____

Tel: _____

Emergency Contact Name: (other than above) _____

Please Print

Tel: _____

Please advise of any medical conditions, ie. asthma, allergies, ADD, osteoarthritis etc. other which may effect the rider's health in any way:

Campers only: Has your child received any psychological/psychiatric/family therapy in the last 12 months? If yes, explain.

Is the rider currently taking any medication?

Please note that for children staying overnight that all medications should be forwarded to the Camp Director with full doctor's instructions. Under NO circumstances should a child carry his/her medication unsupervised.

Release from Liability or Medical Expenses Form

The rider/camper and/or his/her parent(s) and/or guardian(s) hereby acknowledge the risks and hazards inherent in riding and working around animals, not to be limited to: horses, donkeys, llamas, chickens, ducks, dogs and cats and agree to assume all responsibility and risk of bodily injury or damage to property and further agree to hold harmless and indemnify Raspberry Ridge Farms and its owners, employees, volunteers, agents, and representatives from all claims for any bodily injury, howsoever caused, to persons or damage to property arising out of or resulting from the camper's use of Raspberry Ridge Farms' premises or use of horses at or from Raspberry Ridge Farms, as a rider, groom or spectator or otherwise in any type of Raspberry Ridge Farms organized, sponsored, supported or endorsed activity, whether on Raspberry Ridge Farms premises or elsewhere, and including transportation provided by Raspberry Ridge Farms or the individuals or organizers referred to herein. The camper and his/her parent(s) and/or guardian(s) do hereby consent to any medical examination, treatment or medical services that may be rendered to said camper under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment. The rider/camper and the undersigned parent(s) and/or guardian(s) agree to assume responsibility for payment of all fees for doctors, hospitals, ambulances and/or other medical charges reasonably and necessarily incurred. Insurance is the responsibility of the rider/camper and/or his/her parents. The rider/camper and his/her parent(s) and/or guardian(s) do hereby consent that photos/images of the camper/rider may be used in Raspberry Ridge Farms articles and advertisements without payment or remuneration to that said camper/rider. Please note that the balance of camp fees must be received no later than 3 weeks prior to your child's camp session. Camp fees and deposits are non-refundable. Should you need to withdraw your child from camp, arrangements can be made to credit your child for an alternate camp session during the current season (subject to availability and discretion of camp director). I hereby declare that in making this entry I have read and fully understand and agree to the terms and conditions stated herein, and that it is binding on my executors, heirs and assigns. The rider/camper and/or his spouse or parents verify that they have never filed a personal injury lawsuit.

Day _____ Month _____
Year _____

Signature _____

Printed name _____