

Tina and Michael Prout, Owners
26181 Stanton Road
Walkerton, IN 46574
574-656-8333
www.CreeksideEquicenter.com
horse lovers@gocreekside.com



Equestrian boarding
Western Pleasure Lessons
Hunter/Jumper Lessons
Basic-Intermediate Lessons
Equestrian Training
Camps and Clinics

2010 SUMMER CAMP REGISTRATION FORM

Submit one form per participant. Complete form below and mail with \$50 deposit per session to:
Creekside Equicenter, 26181 Stanton Road, Walkerton, IN 46574

2010 SUMMER CAMP SESSIONS (Please circle one)

Ages 6-9 ... June 7-11 from 1-5pm

Ages 10-14 ... July 14-18 from 1-5pm

REGISTRATION APPLICATION

Child's Name _____ Age _____ Birth Date _____ Phone _____

Parents' names _____

Mailing Address _____

(Number and Street or P. O. Box) (City) (State) (Zip)

E-mail Address _____

Mother's Occupation _____ Employer _____ Phone _____

Father's Occupation _____ Employer _____ Phone _____

In Emergency Notify _____ Phone _____

T-shirt size (circle one) **Child:** S M L **Adult:** M L

EXPERIENCE WITH HORSES

Do you have any previous experience with horses? If so, please explain...

HEALTH INFORMATION

Any health problems or allergies?

Any medication to be taken during camp? _____

Limitations? _____

MEDICAL RELEASE IN CASE OF MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child, as named above.

Parent's/Guardian's Signature Date _____

Camper's doctor _____

Doctor's phone _____

Hospital of choice _____

WAIVER AND RELEASE OF ALL CLAIMS

In consideration of permission granted _____, the child or children above named, to use the equipment located on the premises of CREEKSIDE EQUICENTER or any of them, either with or without supervision, or in any manner whatsoever, WE AND EACH OF US do hereby waive and release and discharge CREEKSIDE EQUICENTER, Michael Prout, Tina Prout, each and every owner of said premises, and each of the employees and officers and agents of CREEKSIDE EQUICENTER, from all claims, demands, actions, judgments and executions which the undersigned or any of them ever had, now has, or may have, or which may arise, or which any of the undersigned's heirs, executors, administrators or assigns may have or claim to have against CREEKSIDE EQUICENTER or its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the use of said trampolines, pool, or any other equipment located on the premises of CREEKSIDE EQUICENTER by the child or children above-named, for any purpose whatsoever. Each of the undersigned

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acknowledges that he or she has read or listened to an explanation of this WAIVER AND RELEASE, that by this reading and/or explanation, each is hereby informed that there may be danger of personal injury to the user of said trampolines, pool or other equipment, that such danger is increased through careless or improper use, or through misjudgment of the user or such trampolines, pool or other equipment; that CREEKSIDE EQUICENTER, has not purchased liability insurance for the use of said trampolines, pool, or other equipment, and that injury which might occur from use of said trampolines, pool, or other equipment is not insured; that no person whose parents or guardians have not executed this form of WAIVER AND RELEASE is authorized under any circumstances to use any of said trampolines, pool or other equipment; and that no child who has not personally read or listened to an explanation of this WAIVER AND RELEASE and signed this form is authorized under any circumstances to Use any of said trampolines, pool or other equipment located on the premises of CREEKSIDE EQUICENTER each of the undersigned acknowledges that he or she understands the terms of this WAIVER AND RELEASE and executes it voluntarily and with full knowledge of its significance.

Mother's Signature _____ Date _____
Father's Signature _____ Date _____
Child's Signature _____ Date _____

ASSUMPTION OF RISK

Participation in CREEKSIDE EQUICENTER activities, including the barn, horses and all other equipment carries with it a reasonable risk assumption.

WARNING!

Catastrophic injury, paralysis or even death can result from improper conduct during activities with CREEKSIDE EQUICENTER therefore, I agree to assume full responsibility for any risk or related injury.

Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Mother's Signature _____ Date _____
Father's Signature _____ Date _____

PHOTO PERMISSION

During camp activities, photos are sometimes taken. They may be used in publicity for the camp, such as newspaper and magazine coverage, or they may be featured in our camp brochure or on our camp website. Not all children are photographed, and of those who are photographed, not all are necessarily featured in print or online.

Please indicate below whether or not your child has your permission to be included in the photos taken of camp activities. Of course this is not a guarantee that your child's photo will be publicized. Please complete the form below by **initialing** one of the lines, then **sign** and **date** it to indicate whether or not your child may be photographed during camp activities and whether those photos may therefore be used in camp publicity. Campers' names will never be included with any pictures.

Child's name _____
_____ Yes, my child named above may be photographed during camp activities and you have my permission to use any of those photographs in camp publicity, on the camp website and/or in the camp brochure.
_____ No, my child may not be photographed during camp activities.

Parent's signature _____ Date _____