

CAMP 2023 Registration

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Date:

SESSION 1: JULY 3RD - 7TH SESSION 2: JULY 10TH - 14TH SESSION 3: JULY 17TH - 21ST SESSION 4: JULY 24TH - 28TH

SESSION 5: JULY 31ST - AUGUST 4TH

SESSION 5: JULY 31ST - AUGUST 4TH

SESSION 6: AUGUST 7TH - 11TH SESSION 7: AUGUST 14TH - 18TH SESSION 8: AUGUST 21ST - 25TH

SESSION 9: AUGUST 28TH - SEPTEMBER 1ST

Registration MUST be completed in Full - Any blanks will be considered not a full registration and no spot will be reserved. Camper's Name: _____ Age: _____ Parents Names: Riders Experience: ☐ Beginner (Never Ridden or limited experience) ☐ Currently rides at Belle Wood Equestrian ☐ Novice (Experience at the walk/trot) ☐ Intermediate (Experience at the walk/trot/canter) ☐ Advanced (Experience jumping) Does your child have any of the Ontario Equestrian Federation Riding Levels, if so what level: _____ Address: _____ City: _____ Home Phone: (____) Postal Code: Other: (____) Bus: (____) E-mail Address: _____ Medical Problems/Allergies: Emergency contact: ______ Phone: (__) If extended hour care (early drop off or late pick up) is required please check off the days it is needed: \square AM \square PM Thursday \square PM Monday \square AM Friday \square AM \square PM Tuesday \square AM Wednesday ☐ AM \square PM

Parent/Guardian signature:



equine.

SUMMER CAMP 2023

This agreer	ement is entered by and 1757322 Ontario Inc	. o/a Belle
	questrian Centre "HOST" at 2745 6th Concession Rd. Greenwood, Ontario.	
Initial each	ch item below after Reading and Agreeing.	
Inital	A current, dated cheque or full amount in eTransfer, Cash or Credit, accompanying a comple registration form will secure a session. Each session allows for a maximum of 16 campers. The space is limited and registration will be accepted on a first come, first served, basis. Payment be included for a form to be considered completed. A \$50 N.S.F. fee will be charged for a cheques that are returned from the bank for any reason.	erefore, t must
Inital	I am the Parent and/or Legal Guardian of the Child Participant named below and am executing form on behalf of the Child Participant in my capacity as parent and/or guardian and with the that this form be binding on myself and the Child Participant for all legal purposes.	
 Inital	I understand there are Inherent DANGERS, HAZARDS and RISKS, (collectively called "RISKS associated with Equine Activities and injuries resulting from these "RISKS" are a common occ	,
 Inital	I acknowledge that the Inherent "RISKS" of Equine Activities mean those DANGEROUS cond which are an integral part of Equine Activities, including but not limited to:	tions
1.	The propensity of any equine to behave in ways that might result in injury, harm or death to perform or around them and to potentially collide with, bite or kick other animals, people or objects.	ersons on
2.	The unpredictability of an equine's reaction to such things as sounds, sudden movement, trer vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.	
3.	The potential for other participant(s) to act in a negligent manner that might contribute to injur themselves or others; such as failing to act within his/her/their ability or maintain control over	•



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 Inital	I Freely Accept and Fully Assume All Responsibility for the Inherent "RISKS" and the possibility of personal injury, death, property damage or loss which might result from the child being a Participant.
 Inital	I Acknowledge that it remains my Sole Responsibility for the safety of the child Participant and for the child to Participate within his/her own limits.
Inital	In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my "Legal Representatives") agree
1.	To Waive All Claims that I or the infant Participant might have against the "HOST"; and
2.	To Release the "HOST" from Any and All Liability for any loss, damages, injury, or expense that I, the infant Participant or our "Legal Representatives" might suffer as a result of the infant's Participation due to any cause including any NEGLIGENCE ON THE PART OF THE "HOST"; and
3.	To HOLD HARMLESS AND INDEMNIFY THE "HOST" from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant's Participation.
Inital	In the event that a camp session is cancelled, by the registrant, for whatever reason, a \$50.00 office fee Initial will be applied. Cancellation requests must be received a minimum of 30 days prior to the start of the session. No refund will be given after that date. All medical information must be disclosed.
Inital	I, the undersigned, do hereby grant permission to Belle Wood Equestrian to use the image of my child, to be used in print, digital & any social media. I do understand that my child's last name will not be used in conjunction with any of the images.
following	igning this form I have read (as indicated by my initials above) and I stated that I understand the g. I further state I am aware that signing this form, waives certain legal rights I and/or the child ant and/or our "Legal Representatives" might have against the "HOST".
Parent/0	Guardian Signature

The undersigned hereby agrees to hold BELLE WOOD EQUESTRIAN and the staff and all affiliates free from any claim whatsoever, for damages or injury to person or property, no matter the cause and agrees to all the above stated terms.