



# Summer Program Registration

**PLEASE CHECK ALL THAT APPLY**

- SESSION 1: JULY 2ND - 5TH \*SHORT WEEK\*
- SESSION 2: JULY 8TH - 12TH
- SESSION 3: JULY 15TH - 19TH
- SESSION 4: JULY 22ND - 26TH
- SESSION 5: JULY 29TH - AUG. 2ND

- SESSION 5: JULY 29TH - AUGUST 2ND
- SESSION 6: AUGUST 12TH - 16TH
- SESSION 7: AUGUST 19TH - 23RD
- SESSION 8: AUGUST 26TH - 30TH

Registration MUST be completed in Full - Any blanks will be considered not a full registration and no spot will be reserved. **Camp: \$675 + HST | Helment Rental: \$30.00 | Extended Care \$10.00/ Per Day**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Riders Experience:

- Currently rides at Belle Wood Equestrian
- Novice (Experience at the walk/trot)
- Advanced (Experience jumping)
- Beginner (Never Ridden or limited experience)
- Intermediate (Experience at the walk/trot/canter)

Does your child have any of the Ontario Equestrian Federation Riding Levels, if so what level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Bus: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

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:

- Monday  AM  PM
- Tuesday  AM  PM
- Wednesday  AM  PM
- Thursday  AM  PM
- Friday  AM  PM
- Helment Rental: \$30.00

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



This agreement is entered by \_\_\_\_\_ and 1757322 Ontario Inc. o/a Belle Wood Equestrian Centre "HOST" at 2745 6th Concession Rd. Greenwood, Ontario.

Initial each item below **after Reading and Agreeing.**

\_\_\_\_\_ A current, dated cheque or full amount in eTransfer, Cash or Credit, accompanying a completed  
Initial registration form will secure a session. Each session allows for a maximum of 16 campers. Therefore, space is limited and registration will be accepted on a first come, first served, basis. **Payment must be included for a form to be considered completed.** A \$50 N.S.F. fee will be charged for all cheques that are returned from the bank for any reason.

\_\_\_\_\_ I am the Parent and/or Legal Guardian of the Child Participant named below and am executing this  
Initial form on behalf of the Child Participant in my capacity as parent and/or guardian and with the intent that this form be binding on myself and the Child Participant for all legal purposes.

\_\_\_\_\_ I understand there are Inherent DANGERS, HAZARDS and RISKS, (collectively called "RISKS")  
Initial associated with Equine Activities and injuries resulting from these "RISKS" are a common occurrence.

\_\_\_\_\_ I acknowledge that the Inherent "RISKS" of Equine Activities mean those DANGEROUS conditions  
Initial which are an integral part of Equine Activities, including but not limited to:

1. The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.
2. The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, 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 injury to themselves or others; such as failing to act within his/her/their ability or maintain control over an equine.



\_\_\_\_\_ I Freely Accept and Fully Assume All Responsibility for the Inherent “RISKS” and the possibility of  
Initial personal injury, death, property damage or loss which might result from the child being a Participant.

\_\_\_\_\_ I Acknowledge that it remains my Sole Responsibility for the safety of the child Participant and for  
Initial the child to Participate within his/her own limits.

\_\_\_\_\_ In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs,  
Initial 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.

\_\_\_\_\_ In the event that a camp session is cancelled, by the registrant, for whatever reason, a \$50.00  
Initial 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.

\_\_\_\_\_ I, the undersigned, do hereby grant permission to Belle Wood Equestrian to use the image of my  
Initial 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.

Before signing this form I have read (as indicated by my initials above) and I stated that I understand the following. I further state I am aware that signing this form, waives certain legal rights I and/or the child Participant and/or our “Legal Representatives” might have against the “HOST”.

\_\_\_\_\_  
Parent/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.