

Grand View Horse Services

Horse Camp Registration and Release Form

Camp Dates: _____

Name: _____ Age: _____

Birthdate: _____ Home Phone #: _____

Address: _____ City: _____ State: _____

School: _____ Grade: ____ 9mo 12mo Private:

Parent(s) Name(s): _____

Emergency Contact Information

Father's Work #: _____ Mother's Work #: _____

Cell #: _____ Pager #: _____

Alternate person and number to contact if parents are unreachable

Name: _____ Phone #: _____

Method of Payment: Cash Check Money Order

Amount Received: _____ Date Received: _____

I hereby release Tomi Truax, Grand View Horse Services, and any and all associates of any responsibility in the event of accident or injury to myself or my child while on the property or riding horseback. I agree that me or my child are riding at my/his/her own risk. I acknowledge posting of RIDE AT YOUR OWN RISK, and I or my child has been properly instructed for safety. I understand that GRAND VIEW HORSE SERVICES premises will expose my child/myself to animals such as dogs, horses, and assorted barnyard livestock, and I acknowledge the risk of injury or accident that can be from a camp experience, which can include many other activities. I accept any and all responsibility for my child/myself, for any accident/injury while at the camp location or participating in camp activities.

Printed Name of Parent or Guardian: _____

Signature: _____ Date: _____