

SHADOW RIDGE



EQUESTRIAN CENTER

SUMMER CAMP 2010 REGISTRATION FORM

Full Name:

Height:

Weight:

Address:

Phone Number:

Fax Number:

Email address:

OHIP number:

Out of province medical card number:

(All campers should also bring along their OHIP card, or if from out of province, a valid Canadian medical card.)

For US and overseas campers, please have proof of current medical insurance to cover any emergencies/hospitalization while in Canada. Check out Liberty Health Coverage for Visitors to Canada at: www.cover-me.com

Please indicate the number of weeks you are registering for: _____

Please indicate your choice of Camp dates:

- 1.
- 2.

Roomate Request (If applicable):

Do you need to be met at the airport?

(Please add \$50 for each way to your registration fees)

- Yes
- No

Please note we cannot do trips to the airport on Fridays - please arrange for Saturday morning flights.

Do you need to be met at the Greyhound Terminal in Perth or Carleton Place?

- Yes
- No

Have you had any previous riding instruction?

- Currently taking weekly lessons at a riding school
- Only ridden at summer camps
- Not ridden for quite a time
- Never had lessons

Please indicate your riding ability (*please be honest as this will help determine the most suitable horse for you*):

- New rider – little or no riding experience
- Beginner – can walk and do sitting and rising trot confidently
- Intermediate Beginner - can walk, trot and canter confidently
- Advanced Beginner - started jumping small x's
- Intermediate Rider - can already do a course of small jumps
- Advanced Rider – has competed in local hunter/jumper and/or dressage shows

Are you bringing your own horse?

- Yes
- No

Riders bringing their own horse or pony must have proof of insurance, a negative Coggins test, and have veterinarian certificates stating that all shots are current.

A COPY MUST BE SENT PRIOR TO THE START OF CAMP.

Also, please de-worm and have your horse shod or trimmed prior to arrival.

Are you claiming \$25 early bird discount for paying in full by March 31?

Note: Does not apply to the Payment Plan method or if sending postdated cheques dated after March 31.

- Yes
- No

Did you refer any campers? (To receive your \$25 discount, the referred camper must reserve a session during 2010)

- Yes
- No

If yes, please provide names. _____

Do you swim?

- Yes
- No

Do you have any allergies or special dietary requirements?

- Yes
- No

Please note: we have cats in the barn but they do not go in the house.

If yes, please state very clearly here or attach a note of explanation:

Do you have any minor emotional, behavioral, physical problems?

- Yes
- No

If yes, please state very clearly here or attach a note of explanation:

Please note that we are not equipped to teach students that are physically, emotionally or mentally challenged, and regret that we are unable to accept registration of such students. If in doubt, please call to discuss.

How did you learn about our Summer Camps?

- Friend
- Brochure
- Newspaper/magazine advertisement
- Internet
- Sign on highway
- Info boxes
- Previously attended lessons or camp at Shadow Ridge

All campers receive a complimentary Shadow Ridge T-shirt. Please indicate the size required:

- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult X-Large

Please complete and return this form to reserve a space. As our groups are small, all camps are reserved on a first come first served basis. Availability will be posted on a regular basis on our website at: <http://www.shadow-ridge.ca/ladiesavailability.html>

If registering for more than one week please multiply the amount of deposit by the number of weeks attending

Registration must include a cheque made payable to Shadow Ridge for a deposit of \$250 per week, with the balance due by June 1st. Please include the postdated cheque (s) for the balance if not paying in full: Please feel free to use our Payment Plan method (a series of postdated cheques), if it helps your budget plans.

- | | |
|--|---------------|
| <input type="checkbox"/> Full Amount for Camp | Amount: _____ |
| <input type="checkbox"/> Deposit for 1 Camp (non-refundable) | Amount: _____ |
| <input type="checkbox"/> 1 Post dated cheque for balance | Amount: _____ |
| <input type="checkbox"/> Payment Plan – 8 post dated cheques | Amount: _____ |
| <input type="checkbox"/> Transportation cost to/from airport | Amount: _____ |
| <input type="checkbox"/> Less Discounts indicated above | Amount: _____ |

TOTAL PAYMENT: _____

REMEMBER ANY PAYMENTS AFTER JUNE 30 MUST INCLUDE THE 13% HST

Shadow Ridge reserves the right to dismiss any camper who in their opinion is a hazard to the safety and rights of others or who has rejected the rules of the camp. No refunds will apply for students sent home for misconduct.

No discount of fees will be offered for any reason for registrants arriving late or leaving early during the period for which they are registered.

Help protect your investment with cancellation insurance in case you cannot attend camp. Check out: MyCampProtector.com

SHADOW RIDGE



EQUESTRIAN CENTER

13259 HWY 7, RR 1

Carleton Place Ontario K7C 3P1

(613) 257-1867

Marilyn Fairhurst

RELEASE FROM DAMAGE/INJURY CLAIMS

This Riding Lesson/Boarding/Leasing/Camp Agreement is made and entered into this _____ day of _____, 2010- , by and between Marilyn Fairhurst (representing Shadow Ridge Equestrian Center, hereinafter referred to as Shadow Ridge) and _____, hereinafter designated "Rider" and if the Rider is a minor, Rider's parent or guardian, _____. In return for the use, today, and on all future dates of the property, facilities, and instruction by the Instructor, the Rider hereby expressly agrees to the following:

- 1) It is the responsibility of the Rider, to carry full and complete insurance coverage on his/her personal property and him/herself.
- 2) Rider agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM RIDER'S USE OF SHADOW RIDGE HORSES OR PRESENCE UPON SHADOW RIDGE'S PROPERTY AND FACILITIES including, without limitation but not limited to, the risks of death, bodily injury, property damage, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosions, the unavailability of emergency medical care, or the negligence or deliberate act of another person.
- 3) Rider agrees to hold Shadow Ridge completely harmless and not liable and releases them from all liability whatsoever and agrees not to sue them in connection with any claim, causes of action, injuries, damages, costs or expenses arising out of Rider's use of Shadow Ridge's horses or presence upon Shadow Ridge's property and facilities, including without limitation but not limited to, the risks of death, bodily injury, property damage, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosions, the unavailability of emergency medical care, or the negligence or deliberate act of another person.

4) Rider agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, instance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release.

5) Rider agrees to indemnify and defend Shadow Ridge against, and hold it harmless from any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from Rider's use of or presence upon Shadow Ridge's property and facilities.

6) Rider agrees to abide by all of Shadow Ridge's posted Stable Rules and Regulations.

7) Rider agrees to pay for each lesson upon completion and to provide 24hrs notice if there has to be a cancellation.

8) I understand that photographs of myself or my child may be used for advertising or promotion and that my/our positive statements about Shadow Ridge may be used as testimonials for promoting Shadow Ridge lessons and camps.

Please Note: We are not equipped to teach students that are physically, emotionally or mentally challenged, and regret that we are unable to accept registration of such students.

Name of Rider: _____

Name of Parent or Guardian: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact: _____

Emergency Phone Number: _____

OHIP Number: _____

Signature of Rider or Parent/Guardian if rider is a minor