

Name of Camper: _____ Male or Female D.O.B : _____

Height: _____ Weight: _____ Health Card: _____

Name of Camper's Parents/Guardian: _____

Home Address (Inc. Postal Code): _____

_____ Email Address: _____

Phone: () _____ Work: () _____

Other Contact for Emergency: _____ Phone: () _____

1) Does the Camper have previous riding experience? Please describe:

HEALTH INFORMATION

1) Does the camper have a disability? If yes, please describe- If required, please continue description on the back of this form

1b) Camper will be bringing a wheelchair _____ Camper will be bringing a walker _____

Does she/he require 1-on-1 assistance for physical or behavioural reasons? Yes _____ No _____

***Please note: campers requiring 1-on-1 assistance for any reason must provide their own support worker.**

2) Does the Camper have asthma, allergies, diabetes, contact lenses, recent operations, or any other medic alerts? Please describe:

3) Will the camper be on any medication while at camp? Please describe:

(If to be administered at camp, please provide detailed instructions.)

PARENTAL AUTHORIZATION

1) If I cannot be reached, I authorize the medical treatment of my child by medical professionals or the trained camp staff (in the event of emergency). Routine, minor treatment by staff is also permitted.

Name: _____ Signature: _____ Date: _____

2) Recognized that all reasonable, professional safety standards will be observed by the camp staff and volunteers, and that Camp Pride has a consistent and thorough safety record, I hereby agree that my child participates in Camp Pride at his/her own risk and agree to hold harmless the C.O.D.R.P., the staff, volunteers, all others associated with Camp Pride.

Name: _____ Signature: _____ Date: _____

PLEASE CIRCLE DESIRED SESSIONS:

1) JULY 4 - 8 Mornings ONLY

2) JULY 11 - 15

3) JULY 18 - 22

4) AUG 2 - 4 (4 days ONLY)

5) AUG 8 - 12

6) AUG 15 - 19

7) AUG 22 - 26

Camp Pride T-Shirts are included in your registration fee (please let us know your child's approximate t-shirt size)

ADULT SIZES: (circle) *MEDIUM or LARGE* YOUTH SIZES: (circle) *SMALL or MEDIUM or LARGE*

CAMP HOURS: 8:30 - 4:00 (MONDAY - FRIDAY)

EXTRA HOURS: Late pick-up ONLY (5:00 P.M.) FOR \$5/DAY (\$25/WEEK) PER CHILD: YES or NO

TOTAL COST FOR THIS CAMPER: _____ session(s) AT \$330.00* per session = _____

*Cost for week 1 is \$165.00, this is a mornings ONLY camp week (9am – noon)

*Cost for week 4 is \$265.00 this is a 4-day camp week ONLY

EXTRA HOURS @ \$25.00 = _____

Final Total - Payable to Pride Stables = _____

If applicable: I will be sending a support worker with my child: _____

I have enclosed a cheque payable to Central Ontario Developmental Riding Program/Pride Stables

I prefer to use my credit card (VISA or MasterCard)

Card No. _____

Expiry date _____

Card holder Name: _____

CSV _____

Signature _____

Date: _____

Note: If you are paying with a credit card you will see "C.O.D.R.P" on your statement

Please note, Campers places are guaranteed ONLY when payment, registration and insurance forms are COMPLETE and received at the Pride Stables office.

"CAMP PRIDE"

RECOMMENDED FOR KIDS AGES 6-12

WE PROVIDE: RIDING HELMETS * Trained Staff & Volunteers* FRIENDLY HORSES * LOTS OF FUN

Please send with your child:

lunch and snacks, water bottle, hat, sunscreen, a change of clothes and

BOOTS (1/2" HEEL) Rubber Boots are fine for riding

IF YOU HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO CALL

Pride Stables/Central Ontario Developmental Riding Program

584 Pioneer Tower Road, Kitchener, Ontario N2P 2H9

Phone (519) 653-4686 Fax (519) 653-5565

E-Mail info@pridestables.com Website www.pridestables.com

Registered Charity #118843564 RR0001

ACKNOWLEDGMENT OF RISK & RELEASE OF LIABILITY For Participants **not yet 18 years old** in the Province of Ontario

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities.

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of: **Pride Stables/ Central Ontario Developmental Riding Program (CODRP)**, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to riding instruction, volunteering opportunities & training provided by the "Host" to the Infant Participant. **Initial each item below after reading and understanding each item:**

- _____ 1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Infant Participant for all legal purposes.
- _____ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may 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;
 - (b) 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; and
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
 - (d) the potential of natural or man-made hazards being present that can cause the Infant Participant harm, including communicable disease
- _____ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, sickness, disease, medical payments, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
- _____ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
- _____ 5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs, demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
- _____ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province of Ontario. I hereby irrevocably submit to the exclusive jurisdiction of the courts of Ontario, Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province of Ontario, Canada.
- _____ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Please Print Clearly

Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Parent/Guardian's Name _____ Date of Birth _____ Tel # _____

Address _____ City _____ Province _____ Postal _____

Signed this _____ day of _____, 20_____

(Signature of Parent/Guardian of Infant Participant)

Heather MacKneson, Executive Director CODRP
(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness)