

**Cedar Creek Equestrian Center**  
**2011 Summer Camp**

Dear Parents,

Thank you for allowing us the opportunity to share our passion for horses and riding with your child. We are looking forward to teaching your child basic horsemanship skills in a safe and fun manner.

Please, take a moment to fill out, sign and return the:

- Registration Form
- Medical Release
- Photo Release
- Acknowledgement of Risk and Release (if not already on file w/ CCEC)

Please, return all forms with a \$50.00 non-refundable deposit before May 1<sup>st</sup> to receive the early registration discount.

Just a few additional items:

All students need to pack a lunch and be dressed appropriately to ride a horse. This includes long, well fitting pants or breeches, appropriate riding shoes with a heel, a pair of sandals or tennis shoes (if desired for non-riding times) and an ASTM/SEI certified helmet (*You can find appropriate helmets at your local Tractor Supply store for around \$30.00. Bicycle helmets are not appropriate head wear. If you are for some reason unable to purchase a helmet, we do have some that your child may wear for the week.*)

It is understandable that learning something new can and will be frustrating at times. The staff at Cedar Creek reserves the right to end a lesson early if the student becomes unresponsive, or argumentative with the instructor or unnecessarily rough with the horse. Abuse of the horse will not be tolerated at any time.

Cedar Creek Equestrian Center also offers a regular lesson and schooling program, short and long term equine leasing opportunities, and assistance in making equine purchasing decisions. Please, ask for more information if you are interested in any of these programs.

Thank You,  
Cedar Creek Staff

16515 Coldwater Rd, Huntertown, IN 46748  
260-338-0808 or 260-410-8870

**Cedar Creek Equestrian Center  
Camp Registration Form**

Please check the week(s) your camper will be attending

**Full Day Camps**

- June 13-17
- June 27-July 1
- July 11-15
- August 1-5

**Half-Day Camps**

- June 20-24
- July 18-22

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Home/ Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Any Health Problems or Allergies? \_\_\_\_\_

Medications to be taken during camp? \_\_\_\_\_

Limitations? \_\_\_\_\_

**MEDICAL RELEASE**

IN CASE OF EMERGENCY, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child, as named above.

Parent's/ Guardians Signature \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Hospital of choice \_\_\_\_\_

**PHOTO PERMISSION**

During camp activities, photos are sometimes taken. They may be used in publicity for the camp, such as newspaper and magazine coverage, or they may be featured in our camp brochure or on our camp website. Not all children are photographed, and of those who are photographed, not all are necessarily featured in print or online. Please indicate below whether or not your child has your permission to be included in the photos taken of camp activities. Of course this is not a guarantee that your child’s photo will be publicized. Please complete the form below by **initialing** one of the lines, then **sign** and **date** it to indicate whether or not your child may be photographed during camp activities and whether those photos may therefore be used in camp publicity. Campers’ names will never be included with any pictures.

Child’s name

\_\_\_\_\_

\_\_\_\_\_ Yes, my child named above may be photographed during camp activities and you have my permission to use any of those photographs in camp publicity, on the camp website and/or in the camp brochure.

\_\_\_\_\_ No, my child may not be photographed during camp activities.

Parent’s Signature \_\_\_\_\_

Date \_\_\_\_\_

# Cedar Creek Equestrian Center LLC

## ACKNOWLEDGEMENT OF RISK & RELEASE

In consideration of Cedar Creek Equestrian Center LLC, their trustees, trustors, agents, owners, officers, volunteers, participants, employees, and all other persons or entities in any capacity acting on their behalf (hereinafter collectively referred to as "RELEASEE") allowing the undersigned to participate in equine related activities, I on behalf of myself, my children, parents, heirs, assigns, personal representatives, and estate (hereinafter collectively referred to as "RELEASOR") hereby agree to release, discharge, hold harmless, defend, and indemnify RELEASEE, as follows:

1. RELEASOR acknowledges that equestrian activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to RELEASOR, to property, or to third parties. RELEASOR understands that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, but are not limited to: The propensity of an equine to behave in ways that may result in injury, sudden movement, from objects, persons, or other animals, certain hazards such as surface and subsurface conditions, collisions with other equines or objects, the potential of another participant or person to act in a negligent manner that may contribute to injury to RELEASOR, or others, such as failing to maintain control over the animal, or not acting within his or her ability.

Furthermore, RELEASEE seeks safety, but RELEASEE is not infallible. RELEASEE might be ignorant of RELEASOR'S or participant's fitness or abilities. RELEASEE might misjudge the weather, the elements, or the terrain. RELEASEE may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. RELEASOR expressly agrees and promises to accept and assume all of the risks existing in equine-related activity. RELEASOR'S participation in this activity is purely voluntary, and RELEASOR elects to participate in spite of the risks.

3. RELEASOR hereby voluntarily agrees to release, discharge, hold harmless, defend, and indemnify RELEASEE from any and all claims, complaints, demands, or causes of action, for any injury or damage whatsoever which is any way connected with RELEASOR'S participation in this activity or RELEASOR'S use of RELEASEE'E equipment, land, or facilities, including any such claims, complaints, demands or causes of action which allege negligent acts or omissions of RELEASEE, unless such injury or damage arises from the sole negligence of RELEASEE.

4. Should RELEASEE be required to incur attorney's fees and costs to enforce this agreement, RELEASOR agrees to hold them harmless and indemnify RELEASEE for all such costs.

5. RELEASOR certifies that RELEASOR has adequate insurance to cover any injury or damage caused by or suffered while participating in any equine-related activity, or else RELEASOR agrees to bear the costs of such injury or damage to RELEASOR. RELEASOR

further certifies that RELEASOR has no medical or physical conditions which could interfere with the RELEASOR'S safety in this activity, or else RELEASOR willingly assumes, and bears the cost of, all risks, known or unanticipated, that may be created, directly or indirectly, by any such condition.

By signing this document, RELEASOR acknowledges that if anyone is hurt or property is damaged during RELEASOR'S participation in this activity, RELEASOR may be found by a court of law to have waived any right to maintain a lawsuit against RELEASOR on the basis of any claim from which RELEASOR has released RELEASOR herein.

RELEASOR has had sufficient opportunity to read this entire document. RELEASOR has read and understood, and RELEASOR agrees to be bound by its terms.

Signature of participant/RELEASOR: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (to receive newsletters)

**FOR PARENTS OR GUARDIANS: (Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by RELEASOR to participate in equine-related activities and to use RELEASOR'S equipment, land and facilities, I act as RELEASOR and agree on behalf of minor to all the terms described above in this ACKNOWLEDGEMENT OF RISK AND RELEASE,

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Warning**

UNDER INDIANA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.