

SUBMIT ORIGINAL FORMS – No Faxed or e-mail copies accepted!



**HORSE RIDING INDEMNITY AND LIABILITY RELEASE FORM
HORSEBACK RIDING CAN BE DANGEROUS
SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY**

By this agreement made and entered on (date) _____

By and between (your name) _____

Who resides at (your address) _____

hereinafter referred to as "I" – Juelena Hope Attard of Hope Ranch and Hope Horse Ranch Of Poway hereinafter referred to as "Hope Ranch and/or Hope Horse Ranch Of Poway" of 13918 Putney Road Poway Ca 92064.

It is hereby agreed to as follows:

1. HAZARDOUS ACTIVITY: I understand that horseback riding is a hazardous activity and that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot, canter, or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will generally be more than 5 feet. I understand that these risks and voluntarily assume these risks and dangers for myself or on behalf of my child or legal ward. _____ (Initial here)

2. RIDING HELMETS: I understand that I can better protect myself against head injuries by wearing protective equestrian head gear while mounting, riding, dismounting and being around horses. Hope Ranch and/or Hope Horse Ranch Of Poway will provide helmets to all riders free of charge. I accept full responsibility for the increased risk of injury if I decide not to wear a helmet or not to require my child or legal ward to wear a helmet. _____ (Initial here)

3. LIABILITY RELEASE: I understand that, except in the event of Hope Ranch and/or Hope Horse Ranch Of Poway wanton or willful negligence, I am responsible for bodily injury or property damage that I or my child or legal ward should sustain while riding a horse provided by or not provided by Hope Ranch and/or Hope Horse Ranch Of Poway. I am also responsible for medical expenses or any other expense incurred as a result of such bodily injury or property damage. I am responsible for any time I, or my child or legal ward shall lose in employment or school or other activity. I hereby for myself, my heirs, administrators and assigns release and discharge Hope Ranch and/or Hope Horse Ranch Of Poway and all of their officers and employees from claims, demands, actions, and causes of action for such injuries sustained to my person, or that of my child or legal ward and/or my property. _____ (Initial here)

4. INDEMNITY: I agree to indemnify and pay any expenses, loss or damage that is incurred by Hope Ranch and/or Hope Horse Ranch Of Poway and all of their officers and employees arising out of my rental and riding, or my child or legal ward's rental and riding of a horse supplied by Hope Ranch and/or Hope Horse Ranch Of Poway . _____ (Initial here)

5. INDEMNITY / LIABILITY RELEASE BY PARENT OR GUARDIAN OF MINOR CHILD OR LEGAL WARD:

In the knowledge that a parent by law cannot waive the personal injury rights or other claims of a (their) minor child or legal ward, the undersigned parent or guardian of said minor child or legal ward agrees to indemnify Hope Ranch and/or Hope Horse Ranch Of Poway and all of their officers and employees from any financial loss suffered as a result of any claim brought on behalf of said minor child or legal ward. Further, I agree not to bring any claim or other legal action against Hope Ranch and/or Hope Horse Ranch Of Poway and all of their officers and employees for personal injuries suffered by said minor alleging negligent acts or acts of omissions by Hope Ranch and/or Hope Horse Ranch Of Poway and all of their officers and employees. _____(Initial here).

DO NOT SIGN BELOW UNLESS YOU HAVE THOROUGHLY READ AND UNDERSTOOD THE ENTIRE CONTENTS OF THIS RELEASE FORM

Signature of Rider One

Date

Signature of Rider Two

Date

Signature of Rider Three

Date

Signature of Rider Four

Date

Signature of Parent or Guardian

Date

EMAIL ADDRESS: _____ **EMERGENCY CONTACT NUMBER:** _____

HORSE CAMP REGISTRATION FORM/HOPE HORSE RANCH OF POWAY



Parent Information:

Parent/Guardian Name: _____

Address: _____

E-mail address: _____ Phone: Home: _____

Cell: _____ Emergency Contact: _____

Riders Information:

Name: _____ Date Of Birth: _____ Age: _____

Riding Experience: _____

Does Your Child Have Special Needs OR Allergies: _____

How Did You Hear About Us: _____

2018 summer camp price is \$295 per session

Which Camp(s) Would You Like? Camp Fees \$295/Session or \$80/Day From 9 AM – 2 PM:

Session 1811 • November 19 - 21, +23

2019 camp price is \$295 per session

Session 190 • February 18 - 22

Special Three-Day Camp only \$240

Session 191 • April 15 - 19

Session 1812 only

Session 1812 • December 26, 27, 28

Registration Fee: \$80 of which 50% (\$40) will be credited to the first week of camp tuition leaving balance of \$255 due one week before camp date.

Signature of Parent or Guardian

Date

I hereby give permission to Hope Horse Ranch Of Poway to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PLEASE ALSO MAKE SURE TO SIGN RIDER RELEASE OF LIABILITY OR THE STUDENT WILL NOT BE ABLE TO PARTICIPATE IN CAMP ACTIVITIES

Contact Information

For more information; contact Juelena Hope Attard, Camp Director at 858-442-5990
P.O. Box 577 • Poway, CA 92064 • www.hopehorseranch.com • Email: info@hopehorseranch.com