

Please sign and return this form along with \$100 non-refundable deposit per camp

By enrolling and participating in this horsemanship camp, the student and parent or legal guardian acknowledge that the student is engaging in an activity which involves inherent dangerous risk, and they expressly assume any and all risk of injury or loss, and they agree to hold Jory Hill Stables, its owners, agents, employees, trainers and other participants harmless for any injury or loss suffered during or in connection with their use of Jory Hill Stables, its property and facilities whether or not such injury or loss results directly or indirectly from the acts or omissions, including negligence, of said owners, agents, employees, trainers and participants.

Signature of Parent or Guardian

Date

Parents or Legal Guardians

Please provide a statement below authorizing Jory Hill Stables and its agents to call for or provide any emergency care necessary for treatment of student in case of accident or injury.

Signature of Parent or Guardian

Date

Name of Insurance Co.

Group Number, Plan Number or ID Number

Name of Doctor

Please describe any physical or mental limitations the student possesses which may require special care or treatment:
