

## EKG Stables Summer Day Camp Registration Form

Camper's Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Size of T-Shirt (child or adult) S M L

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Please Circle Week(s) Preferred at \$300 per week:

June 14-18

July 5-9

July 19-23

August 9-13

\*\*some weeks may be cancelled due to lack of participation

\*\*Camp is Monday-Friday 9am-4pm, Friday will be a late pick up time due to the horse show

### Level of camper's riding:

Beginner: Never ridden before

Intermediate: learning to jump

Advanced Beginner: walk, trot, learning to canter    Advanced: Jumping courses

Parent/guardian authorizes the child to go on field trips: YES    NO

EKG Stables, LLC agrees to notify the parent/guardian whenever the camper may require medical attention. Please include a copy of the camper's insurance information. Your signature below will convey an understanding of the camp fees as well as authorize Erin Grampp to obtain medical assistance in the event that an emergency occurs during camp hours.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

In consideration of my child's/my participation in any equine activity with **E.K.G. Stables, LLC** at **Hill Valley Farm**, 5 Appaloosa Drive, I hereby release and waive any rights to legal action against **E.K.G. Stables, LLC, Erin Grampp, Hill Valley Farm, George and Patricia Grampp, employees, agents, and representatives of either the LLC or the farm** for any loss, damage, injury, or death to the person or property sustained by myself or child in any equine activities by any cause whatsoever, including but not limited to any risk inherent in an equine activity, such as

1. The propensity of an equine to behave in dangerous ways which may result in injury or death to a participant or bystander, damage to property
2. The inability to predict an equine's reaction to sound, movements, conditions, objects, persons, or animals
3. Hazards of surface or of subsurface conditions whether known or unknown
4. The experience level or any participant
5. A known or unknown health condition of any participant
6. The condition and age of tack and equipment

I assume all of the forgoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspections relating to those risks and other potential risks of recreational activities and I agree and understand that **E.K.G. Stables, LLC, Erin Grampp, Hill Valley Farm, and George and Patricia Grampp** shall have no responsibility whatsoever to make any such examination or inspection. I further assume all risk of, and agree to hold harmless the **LLC owner, farm owners, their employees, representatives, and agents** from and against, any and all loss, damage, injury, or death to person or property, by whatever cause, including: any act of omission, negligent or otherwise, on the part of the **farm or LLC owners, their employees, representatives, or agents** or on the part of any other person.

I hereby understand that this agreement is to be in effect for participation in all equine activities that I am/my child is involved in for five (5) years from the signature date of this document.

I hereby certify that the foregoing statements and representation are being made knowingly, freely, and voluntarily and I understand that **Erin, George, and Patricia Grampp** are expressly relying upon the foregoing statement and representations in permitting me/my child's participation in any equine activities.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian\*

\_\_\_\_\_  
Date