

Eremon Farm PONY CAMP '10

INFORMATION & REGISTRATION FORM



Hello Pony Campers! Welcome to Eremon Farm's summer Pony Camp '09! We've got a lot of great activities planned for you this year.

Below is our date and pricing information for our sessions this year.

*** Child should be at least 7 years old on the date of the camp to enter.**

Session Date	Pricing
June 28 – July 2 9:00 a.m. – 3:30 p.m. daily	\$495.00 per child

To register, please fully complete the following registration form, and return it with full payment to:

**Eremon Farm
Attn: Joanna Jackowich
25722 SE Tiger Mountain Rd.
Issaquah, WA 98027**

Please remember – Camp sessions fill up quickly, so please be sure that your registration form is completed in its entirety and accompanied by a check in full to be sure that your spot is reserved.

Please Note – Appropriate protective head gear, shoes with a heel and fitting jeans must be worn by all participants. Eremon Farm is happy to offer recommendations and discount coupons for stores in your area that sell appropriate helmets for a very

reasonable cost. Please feel free to call and request more information if you are interested.

Please make all checks payable to Eremon Farm.

Cancellation policy: Because of the popularity of this one session, we will unfortunately not be able to give refunds unless we are able to fill your spot from our waiting list. We will, however, make every effort to do so at any point after registration if you are unable to attend your camp session.

Questions? Please call Owner/Trainer Joanna Jackowich at 425-246-6786.

See you all there!

REGISTRATION FORM

(Complete and return this portion and the riding/medical release along with your payment.)

Camper's Name: _____

DOB: _____ Age: _____ Girl or Boy: _____

Address: _____

Any previous horse camp experience? (If yes, please list years) _____

Daytime Phone: _____ Alternative/Cell Phone: _____

Email: _____

Tee-shirt size (FREE t-shirt with registration and participation in camp!) ☺
(Please be sure to specify "youth" or "adult" size.):

(circle one) Youth Adult **(circle one)** Size: XS S M L XL

Emergency Contact Information

Emergency Contact # 1

Name: _____

Relation to camper: _____

First phone - Please note if this is a cell, business, etc.): _____

Alternative phone: _____

Emergency Contact # 2

Name: _____

Relation to camper: _____

First phone - Please note if this is a cell, business, etc.): _____

Alternative phone: _____

Any special health considerations? Does the rider have any physical and/or mental health conditions, problems, and/or disorders which may affect his/her safety and ability to ride a horse? Please also list any other health concerns or restrictions. (i.e.: allergic to bee stings, asthma, medications, drug allergies, etc. in case of emergency.)

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- **NOTE – Please also complete the attached riding/medical release form, and return as part of your registration form.**

PONY SUMMER CAMP 2010
RIDING/MEDICAL
RELEASE AGREEMENT

EREMON FARM
25722 SE Tiger Mountain Rd.
Issaquah, WA 98027
(425) 246-6786

*******PLEASE READ CAREFULLY BEFORE SIGNING*******

A. Registration of Riders and Agreement Purpose: In consideration of the applicable fee and the signing of this agreement, I, the following listed individual, or the parent or legal guardian thereof a minor, do hereby voluntarily request and agree to participate in riding instruction as a student of Eremon Farm, and that this student will either ride his/her own horse, or school horse provided by Eremon Farm for instructional purpose. I understand that I am responsible for the entire payment of my camp session in accordance with the guidelines set forth on the attached "Information & Registration Form."

B. Agreement and Territory and Definitions: This agreement shall be legally binding upon me the registered student, and the parents or legal guardian thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representative; and it shall be interpreted according to the laws of the State of Washington and the county of King. Any disputes by the rider shall be litigated in, and venue shall be King County, Washington. If any clause, phrase or word is in conflict with state law, then that single part is null and void.

C. Terms:

- i. "HORSE" herein shall refer to all equine species.
- ii. "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, or donkeys, whether from the ground or mounted.
- iii. "STUDENT" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground.
- iv. "I", "ME", "MY" shall herein refer to the above registered student rider and the parents or legal guardians thereof if a minor.

D. Activity Risk Classification: **I UNDERSTAND THAT**: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. The rider recognizes that equestrian activities are dangerous and have the potential for severe injury and/or death, and hereby release and

agrees to indemnify and hold harmless Eremon Farm, and on behalf of its wards, charges, children, family, visitors, agents, individually and as guardian or personal representative covenants not to sue for special and general damages, by whomever sustained, resulting from property damage, injury, or loss of life (Claim) caused by the conditions on Eremon Farm or its owners' properties, the activities of the owners, its employees, guests, clients, and boarders and their families or guests, and the rider's horse, and further agrees to hold harmless and indemnify Eremon Farm and its owners against any such Claim whether presented by another, individually, or in a representative capacity, and further waives and releases subrogation claims of all medical, disability, property and liability and animal medical and mortality insurers, including, but not limited to damage resulting from medical and convalescent care, cost of support; and, as security for this hold harmless and indemnity rider grants and pledges a security interest in all money and proceeds arising from any such Claim including insurance proceeds, trust and guardianship remainders and proceeds from testate or interstate succession, which rider agrees not to relinquish or disclaim.

E. Nature of School Horses: **I UNDERSTAND THAT**: Eremon Farm chooses its school horses for their calm disposition and sound basic training as is required for use for student riders, and Eremon Farm follows a rigid safety program. Yet, no riding horse is a completely safe horse. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to:

Stopping short, Changing directions or speed at will, Shifting its weight, Bucking, Rearing, Kicking, Biting, or Running from danger.

F. Conditions of Nature and Inspection of Premises: **I UNDERSTAND THAT**: Eremon Farm is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: Thunder, lightning, rain, wind, wild or domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out of door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

The rider or parent or legal guardian have inspected Eremon Farm facilities, and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage, and presence upon Eremon Farm's premises.

G. Accident/Medical Insurance: **I AGREE TO THAT**: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses.

H. Protective Headgear Warning: **I AGREE THAT**: I shall purchase and wear protective headgear (approved equestrian riding helmet) while around and mounted on the horses. I understand that the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses, may prevent or reduce severity of some head injuries, and may even prevent death from happening as the result of all or other occurrence, but cannot guarantee my safety or that of my child. Eremon Farm does not provide riding helmets for this use.

I. Liability Release: **I AGREE THAT**: In consideration of Eremon Farm allowing my participation in this activity, under the terms set forth herein, I, the rider, and the parent or guardian thereof if a minor, do agree to hold harmless and release Eremon Farm, its owners, agents, employees, officers, members, students, premises owners, affiliated organizations and insurers from legal liability due to Eremon Farm's ordinary negligence; and I do further agree that except in the event of Eremon Farm's gross and willful negligence, I shall bring no claims, demands, actions and causes of actions, and/or litigation, against Eremon Farm and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Eremon Farm, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Eremon Farm.

**ALL RIDERS AND PARENTS OR LEGAL GUARDIANS MUST
SIGN AFTER READING THIS ENTIRE DOCUMENT.**

SIGNER STATEMENT OF AWARENESS

I/We, the undersigned, have read and do understand the foregoing agreement, warnings, release and assumption of risk. I/We further attest that all facts relating to the applicant's physical condition, experience, and age are true and accurate.

Signature of Rider _____

Date _____

Printed Name _____

Signature of Parent or Guardian _____

Date _____

Printed Name _____

MEDICAL RELEASE AND INSURANCE INFORMATION

IN CASE OF MEDICAL OR SURGICAL EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE PROPER TREATMENT FOR, AND HOSPITALIZE IF NECESSARY, THE CAMPER LISTED ON THIS APPLICATION. EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT OR GUARDIAN SHOULD SUCH AN EMERGENCY ARISE.

**ALL SUCH EXPENSES WILL BE THE RESPONSIBILITY OF
AND SHALL BE PAID FOR BY THE PARENT(S) OR LEGAL GUARDIAN**

PLEASE PROVIDE THE FOLLOWING INFORMATION (PRINT OR TYPE):

FAMILY DOCTOR: _____ PHONE: _____

DO YOU HAVE HEALTH AND ACCIDENT INSURANCE? _____

NAME OF INSURANCE COMPANY: _____

PHONE NUMBERS: _____

AGENT (IF KNOWN): _____

ADDRESS: _____ CITY/STATE _____

POLICY OR GROUP NUMBER: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

*****THIS FORM MUST ACCOMPANY THE REGISTRATION MATERIALS*****