



PROGRAM INFORMATION

Who can attend?

Anyone who is at least eight years of age at the time of registration.

How much will it cost?

The total fee for each one-week session is \$250 with a non-refundable deposit of \$100 due at the time of registration. Camp sizes are limited, so early registration is encouraged.

What level of riding experience should my child have?

Whether a beginner, intermediate or experienced rider, your child will be placed on a horse that fits their needs. All levels of riders are welcome!

What should my child wear?

Jeans, jodphurs, breeches, schooling tights, stirrup pants, or spandex pants and t-shirts should be worn. **Sun screen** and **bug spray** should be applied prior to arrival. Smooth-soled boots with a heel are the preferred footwear. Tennis shoes may be worn. **NO SHORTS, OPEN-TOED SHOES, CLOGS, SLIP-ON SHOES OR FLIP-FLOPS.** Campers **MUST** wear helmets. The Riding Center provides ASTM/SEI certified helmets for use by our students. To ensure proper fit, you may want to purchase your own. Our Tack Shack carries a variety of styles and colors to choose from.

What should my child bring?

We strongly suggest that each child bring a **SMALL** individual cooler filled with water each day. Personal property should be clearly marked with the child's name. Sodas are available from the vending machine for 50¢, with correct change.

What to leave at home!

Cell phones may be brought, but kept "OFF" during camp hours and around our equine friends. The Riding Center does not assume responsibility for any damaged, loss, or stolen personal items.

Can I bring my own horse?

ABSOLUTELY! You can stable your equine friend for a daily rate of \$15. Please call ahead to reserve a stall and provide a copy of your horse's current coggins.

What if I have more questions?

Call The Riding Center at (618) 539-3903, or visit us on the web at www.theridingcenterinc.com.



DO'S AND DON'TS

- U Have a GREAT time!
- U Make new friends.
- U Have a good attitude at all times.
- U Stay off and away from horses unless properly supervised by program personnel.
- U Helmets **MUST BE WORN** while mounted.
- U If the horse assigned to you creates a mess (natural or otherwise), please clean it up.
- U Respect The Riding Center horses, tack, and facilities at all times.
- U Obey program leaders.
- U Observe cell phone courtesy. Cell phones should be kept "OFF" during camp hours and around our equine friends.
- U Good manners are always appreciated!

I/We acknowledge that I/we have received a copy of these policies and understand that any violation or infraction thereof may cause the immediate dismissal of my child(ren) from the program. I/We further understand that no refund will be given for any unused portion of fees for the program should my child(ren) be dismissed.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

(If there are two custodial parents/guardians, both must sign.)

I have read and agree to adhere to the Saddle Up Summer Horsemanship Program Do's and Don'ts and understand that if I don't, then my parent(s)/guardian(s) will be contacted and that I may be dismissed from the program immediately.

Participant: _____ Date: _____

*(Two copies of this document are being provided. Please complete and return a copy to
The Riding Center, while retaining the other for your own records.)*



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ATTENDANCE PERMISSION FORM

I/We hereby grant permission for _____ to participate in the Saddle Up Summer Horsemanship Program. I represent and warrant that my child is physically fit and able to participate in the Saddle Up Summer Horsemanship Program. I/We hereby agree to release and indemnify and hold harmless The Riding Center, it's agents, employees, and/or volunteer staff from any liability, claims, or damages for personal injury or property loss or damage that may result during this event. My signature below gives authorization to The Riding Center to secure treatment for my child by emergency personnel in the event of illness or an accident should they deem such action necessary.

My/our child has the following medical conditions/restrictions that the Riding Center should be aware of (including allergies): None Those listed below.

Physician's Name (In case of emergency): _____

Physician's Phone Number: (_____) _____

Preferred Hospital (In case of emergency): _____

Date: _____
Signature of Parent/Guardian

Date: _____
Signature of Parent/Guardian

(If there are two custodial parents/guardians, both must sign)

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

Printed Name(s) of Parent(s)/Guardian(s)

Father's Work Phone

Mother's Work Phone

Home Phone

Cell Phone

Street Address

City, State, Zip

In the event of an emergency, I can be reached at (_____) _____.
Phone Number



**PERMISSION FOR
PHOTO/VIDEO USE**

Name(s) of Participant(s): _____

I/We understand that photograph(s) and/or video of our son/daughter may be used for publication on either the World Wide Web, a part of the internet, in written publications, or on video for the sole purpose of marketing the Saddle Up Summer Horsemanship Program. I/We further understand that any photos and/or videos of my child(ren), either individually or in a group, will be accessible to anyone using the internet or receiving information about the program. My child(ren)'s name(s), home address, and telephone number will *not* appear on the web site, in the publications, or on the video.

By signing below, I/we grant permission for the publishing of my/our child(ren)'s photograph and/or video as described above on the internet or in publications. I/We may visit the web site at www.theridingcenterinc.com.

Parent/Guardian: _____ Date: _____
(Signature)

Parent/Guardian: _____ Date: _____
(Signature)

(If there are two custodial parents/guardians, both must sign.)

I/We, the participant(s), also give my/our permission for such publishing.

Participant: _____ Date: _____

Participant: _____ Date: _____

Participant: _____ Date: _____

**EQUINE RIDING and/or DRIVING and/or TRAINING INSTRUCTION and/or LESSONS and/or TRAIL RIDES
AGREEMENT LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT [FOR INDIVIDUAL]**

The Riding Center Inc.

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING

REGISTRATION OF STUDENT AND AGREEMENT PURPOSE I, the following listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in equine related instruction as a student of THIS STABLE, and that I will either utilize my own horse or school horses provided by THIS STABLE for instruction purposes.

1. Rider Name:	2. Age (if under 18)	3. Beginner (under 10 hours)
4. Email:	5. Weight (limitations may apply)	Over 10 hours of Experience

INITIAL
ALL
↓

6. Does this student have any physical or mental condition(s), which may affect his/her safety and ability to ride, drive or train a horse?

Yes No

7. If you checked "Yes" how can we help this student with his/her special needs?

8. MEDICAL INSURANCE I/WE AGREE THAT: Should medical treatment be required, I and/or my medical insurance company shall pay for ALL such incurred expenses. **MEDICAL INSURANCE COMPANY:** _____ **No Medical Insurance**

A. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS This agreement shall be legally binding upon me the registered student, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. This agreement is intended to be valid and binding at all times now and in the future when THIS STABLE permits me (directly or indirectly) to enter THIS STABLE'S property, be on THIS STABLE'S property, be near any horse, receive riding and / or driving and / or training instruction or guidance from its associates and / or when I ride and / or drive and / or train and / or am near horses on or off of THIS STABLE'S property. Any disputes by the rider shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME", "MY" shall herein refer to the above registered student and the parents or legal guardians thereof if a minor.

B. INHERENT RISKS / ASSUMPTION OF RISKS I/WE ACKNOWLEDGE THAT: Risks, conditions, and dangers are inherent in (meaning integral part of) horse / equine / animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of a animal to behave in ways that may result in injury, harm, death, or loss to persons around the animal; The unpredictability of a equine's reaction to sounds, sudden movement, unfamiliar objects, person, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision and/or confrontation with another equine, another animal, a human, or an object; The potential of an equine activity participant in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to failing to maintain control over an equine and/or, failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding, driving, and training are activities in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survivor instincts which may include, but are not limited to: Stopping short; Spinning around; Changing direction and/or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and/or Running from danger. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible risks for me.

C. CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS, AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES I / WE ACKNOWLEDGE THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature and / or sudden and / or unfamiliar sights, sounds and / or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild and 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. I also understand that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible conditions for me. The student and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for this student's intended purpose, usage and presence upon THIS STABLE'S premises.

D. SADDLE GIRTHS / NATURAL LOOSENING WARNING I / WE ACKNOWLEDGE THAT: Saddle girths (fastener straps around horse's belly) may loosen during riding. Students must alert the instructor or attendant of any girth looseness so action can be taken to avoid slippage of saddle and the potential for the rider to fall from the horse.

E. PROTECTIVE HELMET / HELMET WARNING I / WE AGREE THAT: I for myself and on behalf of my child and /or legal ward have been fully warned and advised by THIS STABLE that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding and / or driving and / or training and / or being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. I am not relying on THIS STABLE and / or its associates to provide a certified helmet for me or to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.

F. LIABILITY RELEASE I/WE AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the STUDENT, for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and / or ITS ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of THIS STABLE'S gross negligence and / or willful and / or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and / or death and / or property damage, sustained by me and / or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, driving, training, handling, or otherwise being near horses owned by me or owned by THIS STABLE, or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE, but not limited to being on THIS STABLE'S premises.

G. EQUINE ACTIVITY LIABILITY ACT (745 ILCS 47 /) WARNING OR LANGUAGE: This clause applies for operations located in IL. I / WE acknowledge that I have reviewed this state's EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE, a copy of which is attached hereto and incorporated as if fully set forth herein. **INSTRUCTION TO SIGNERS: DO NOT SIGN UNLESS A COPY OF THE EALA WARNING OR LANGUAGE IS ATTACHED TO THIS AGREEMENT. EQUINE ACTIVITY LIABILITY ACT WARNING:** "WARNING Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risk of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities."

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, REPRESENT THAT I/WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT. I/WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I/WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

SIGNATURE OF STUDENT (Spouses must sign for themselves)

DATE

SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE #1

SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE #1

DATE

ADDRESS IN FULL:

PHONE#

EMERGENCY CONTACT:

RELATIONSHIP:

PHONE#