



2010 Summer Camp Registration Form

PLEASE COMPLETE THIS ENTIRE FORM AND RETURN TO: **The Stables Equestrian Center, 6489 51st Street, N.E., Rochester, MN 55906**

Student Information (please print)

Student's Name	Last Name	First Name
Street Address		
City, State, & Zip Code		
Birth Date/Age		
Riding Experience (if any)		
Health/Dietary Concerns		

Primary Contact Information:

Primary Contact Name	
Relationship to Student	
Address	
Phone (home)	
Phone (daytime/cell)	
E-mail	

Alternate Contact Information:

Alternate Contact Name	
Relationship to Student	
Address	
Phone (home)	
Phone (daytime/cell)	
E-mail	

Registration implies, permission for photos and publicity unless The Stables Equestrian Center Director is notified at (507) 261-7393 or thestables@att.net

**Waiver of Liability Form MUST be completed with registration form.*

PAYMENT INFORMATION

Please make checks payable: **The Stables, LLC**

2010 SESSION DATES – Select session(s):

Ages 12+

June 22-24 Eventing Camp (All Day)

June 28-July 2 (All Day 9:00-4:00)

July 19-23 (Half Day 1:00-4:00)

Ages 7-11

June 14-18 (All Day 9:00-4:00)

July 5-9 (Half Day 1:00-4:00)

July 12-16 (Half Day 1:00-4:00)

Fee Schedule

\$300/full day 3-day eventing session

\$375/full day.full week

\$225/half day session

\$25/week (before class care 8:00-9:00 a.m.)

\$25/week (after class care 4:00-5:00 p.m.)

I need before and/or after care:

a.m. only p.m. only both

OR

My child will be dropped off at 9:00 and picked up at 4:00 daily

Program Fee:		
<u>Ages 12+</u>	<u>Ages 7-11</u>	\$
<input type="checkbox"/> June 22-24 (\$300)	<input type="checkbox"/> June 14-18 (\$375)	
<input type="checkbox"/> June 28-July 2 (\$375)	<input type="checkbox"/> July 5-9 (\$225)	
<input type="checkbox"/> July 19-23 (\$225)	<input type="checkbox"/> July 12-16 (\$225)	
Deposit		
*Refundable if cancelled 2 weeks prior to session starting	-	\$100.00
Before Session Extended Care (\$30)	+	\$
After Session Extended Care (\$30)	+	\$
\$25 Discount if Registration Received by May 15th	-	\$
Additional Payment	-	\$
Balance Due:		
*All balances are due 2 weeks prior to session starting		\$

Cancellation or Withdrawal: Applications may be cancelled with a full refund of deposit within two weeks from date of session start date. After that date, a \$100.00 deposit will be retained. No reduction of tuition is made for late arrival, early departure or dismissal. Additionally, if the minimum number of required registrants is not met, the facility reserves the right to cancel, and will provide notification within two weeks of the camp date with a full refund.



The Stables Equestrian Center Summer Camp

Waiver of Liability

THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY

I acknowledge that competitive and pleasure horse riding contains inherent risks of injury to my child. Further, I acknowledge working around the facility and around horses and other animals involve certain inherent risks, including but not limited to the risks of possible injury as a result of contact with nails and other metal objects, or from over-exertion or environmental conditions. Despite these risks, I still choose to allow my child to engage in these activities.

I know of no physical limitation that should keep my child from undertaking these activities. In consideration for my child being allowed to participate in these activities, I hereby personally assume all risks, whether foreseen or unforeseen, for any harm, injury, or damage that may befall him or her as a participant.

I hereby release, on behalf of myself, my child, my heirs, executors, administrators, and assigns, The Stables Equestrian Center Riding Academy, its directors, officers, employees, agents and volunteers, from any and all liability for any injury, death, or other damages to me, my child, my family, heirs, or assigns that may occur as a result of my child's participation in these activities, or as a result of product liability, or the negligence of any party, including The Stables Equestrian Center Riding Academy, whether passive or active.

I further agree, on behalf of myself, my child, my heirs, executors, administrators, and assigns, that I will defend, indemnify, and hold harmless The Stables Equestrian Center Riding Academy and its directors, officers, employees, agents and volunteers, against any claims, demands, and causes of action, including court costs and attorney's fees, directly or indirectly arising from any actions or proceedings brought by or prosecuted for my benefit contrary to this release.

Further, I do hereby acknowledge that this release will extend to any accidents, damages, or claims arising out of my child's participation in equestrian activities on or about The Stables Equestrian Center Riding Academy property caused by his or her own act or the acts of any animal within his or her control.

In case of illness or accident, permission is granted for emergency treatment to be administered to my child. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY CHILD.

