Summer Horse Camp at RoseMary Horse Ranch
Forms and Waivers

Camper's Name:

_____

Mother's Name:

_____

Father's Name:

_____

Mother's Phone Number:

_____

Father's Phone Number:

_____

Emergency Contact's Name:

_____

Emergency Contact's Phone number:

_____

Emergency Contact's Relation to Camper:

_____

Camper's Home Address:

_____

Date of Birth: _____ Age: _____

Gender:_____

Will your child be bringing their own horse to ride or will they be riding one of our lesson horses? _____

If your child will be riding their own horse, please tell us about the horse:

_____

_____

Are there any health concerns we need to be aware of (for example allergies)?

If yes, please explain how we can help your child:

Who will be picking your child up from camp?

Does your child have prior horseback riding experience?_____

If so, what kind of horseback riding experience does your child have?

Summer Horse Camp at RoseMary Horse Ranch
Forms and Waivers

Tell us a little about your child, their personality, and any other information that will help make their experience more comfortable, fun, and rewarding.

_____

_____

_____

_____

_____

_____

_____

Campers should bring a helmet, current coggins (if they are bringing their own horse), long pants, boots with a heel, sack lunch, snacks, and a refillable water bottle (ice on hand).

Summer Horse Camp at RoseMary Horse Ranch
Forms and Waivers

CAMP COMPLETE WAIVER & AGREEMENT

PLEASE READ CAREFULLY!! THIS IS A WAIVER AND RELEASE OF LIABILITY

WITNESS THIS AGREEMENT Joe Sansone, Rosemary Ranch, JAS Holdings LLC, Ranch Sorting of America LLC, Ranch Sorting of America, and any of its employees, agents, or representatives, together with any vendor or other provider of goods or services in connection with the Events and activities (hereinafter collectively referred to as "OWNER") and ADULT PARTICIPANTS and/or MINOR CHILD(REN) PARTICIPANTS and their parents (hereinafter individually and/or collectively referred to as "PARTICIPANT").

I certify that my child(ren) is/are in good health and capable of full participation in any and all the activities including the Summer Horse Camp at RoseMary Ranch. I realize that there are certain inherent risks and dangers involved in equine and animal activities. These may include, but not be limited to, physical exertion, the many hazards associated with horseback riding, horse handling, and working cattle, including but not limited to falling off a horse, being stepped on or overrun by an animal, being bitten or kicked by an animal, contact with a variety of animals, plants, insects, and any type of labor or practices associated with camp activities made available by Owner. I represent that the minor child for whom I am responsible is in good health and physically able to safely participate in outdoor activities. I realize and agree to inform this minor child, that participation in these activities may result in property loss, delay, illness, injury, paralysis or death due to the foregoing dangers, the negligence of others, forces of nature, or other causes known or unknown. I am also aware that medical services may not be readily available or accessible during part or all of these activities. By this minor child's participation in these activities, I hereby knowingly and expressly assume all risks arising out of them. As a supervisor of a minor child, I make this agreement individually on behalf of this minor child, to induce Joe Sansone, Rosemary Ranch, JAS Holdings LLC, Ranch Sorting of America LLC, Ranch Sorting of America, and any of its employees, agents, or representatives, allow this minor child to participate in the camp activities.

I also, on behalf of myself, my personal representative and my heirs hereby covenant not to sue and I agree to fully release, hold harmless, and indemnify Joe Sansone, Rosemary Ranch, JAS Holdings LLC, Ranch Sorting of America LLC, Ranch Sorting of America, and any of its employees, agents, or representatives, together with any vendor or other provider of goods or services in connection with the Events and activities from any and all contract or negligence claims and suits for bodily injury, property damage, wrongful DEATH, loss of services or otherwise which may arise out of this minor child's participation in the activities of camp.

This contract shall be governed by and constructed in accordance with the Laws of the State of Texas, and the parties agree that the venue and jurisdiction for any action or proceeding arising out of this camp agreement shall be in Waller County, Texas. This contract shall be construed without regard to any presumption or rule requiring construction against the party causing the rental contract to be drafted.

I HAVE READ THIS AGREEMENT, I UNDERSTAND THIS IS A RELEASE OF LIABILITY AND SIGN IT VOLUNTARILY FOR MYSELF AND MY MINOR CHILD.

Signature:_____

Date:_____

MEDICAL CONSENT AND ASSUMPTION OF RISK

1. Beginning on the first day of my or my child/ward's presence and attendance at and/or participation in this Summer Horse Camp and all associated activities and outings including, but not limited to, horseback riding, working cattle and interacting with animals, continuing from day to day throughout the time my child/ward is present at, attends, and/or participates in the Camp, I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical or health care facility or provider ("Medical Provider") to provide medical care to my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp. I further authorize any such Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition.

1. I authorize Joe Sansone, Rosemary Ranch, JAS Holdings LLC, Ranch Sorting of America LLC, Ranch Sorting of America, and any of its employees, agents, or representatives, together with any vendor or other provider of goods or services in connection with the Events and activities to share medical information related to my child/ward with any Medical Provider providing medical care to my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp.
2. I execute this Medical Consent and Assumption of Risk (the "Consent") with Joe Sansone, Rosemary Ranch, JAS Holdings LLC, Ranch Sorting of America LLC, Ranch Sorting of America, and any of its employees, agents, or representatives. I understand and agree that this Consent shall be binding on me and my child/ward, as well as the representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns of my child/ward.
3. I acknowledge that there is a risk of complications and unforeseen consequences in any medical treatment and I, individually and as parent/natural guardian of my child/ward, a minor, sign this Agreement on behalf of my child/ward. I acknowledge that no warranty is being made as to the result of any medical treatment. I agree that any health history provided by me or my child/ward is correct to the best of my knowledge.
4. I acknowledge having knowledge and experience with the health and capabilities of my child/ward superior to Camp staff. I certify that my child/ward is in good health and does not have any health or mental / physical impairments or conditions that would be aggravated by attendance or participation at the Camp or that make such attendance or participation unsafe or otherwise inappropriate for my child/ward, the animals at the Camp, or other campers. I further certify that my child/ward does not currently have upper respiratory disease or illness (including but not limited to asthma, colds, flu, etc.), is not on medication that suppresses immune function or has possible side effects that would interfere with the Camp, and that my child/ward does not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness.

I HAVE READ THIS AGREEMENT, I UNDERSTAND THIS IS A RELEASE OF LIABILITY AND SIGN IT VOLUNTARILY FOR MYSELF AND MY MINOR CHILD.

Signature:_____

Date:_____