

Horse Camp Registration Form

Please return with your \$400 non-refundable deposit to:
Westside Stables, 21200 Westside Hwy SW, Vashon WA 98070

Camper's Name: _____
Age (minimum 7 yrs.) ___ **Weight** ___ **Phone Number** _____ - _____ - _____
Mailing Address: _____
E-mail Address: _____
Camp Session Dates: _____

Liability Release Form

I acknowledge that the use, handling and riding of a horse involves risk of physical injury to any individual undertaking such activities; and that horses, irrespective of training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fright which, likewise, is an inherent risk assumed by the horseback rider. The undersigned expressly assumes such a risk.

Signature _____
Signature of parent of legal guardian required for riders under 18 years of age. *Date*

Medical Information:

If Medical care is required for _____ (name of participant) in conjunction with activities at Westside Stables, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

If Parent or Guardian is unavailable,

Contact: _____
Family Physician: _____
My child is allergic to: _____
My Child takes the following medication(s): _____
Other Medical Conditions: _____
Date of Birth: _____
Medical Insurance Company: _____
Policy Numbers: _____

Signature: _____ **Date:** _____