



Summer Camp Application

Camper Information (used to match campers to our horses and ponies)

Full Name _____

Birthday (MM/DD/YYYY) _____ Gender _____

Height _____ Weight _____

School _____

Grade _____

Previous Riding Experience (how long) _____

Select all that apply

None Walk Trot Canter

Jump: x-rails Jump: 2ft Jump: 2'6" Jump: 2'9"

Camp Dates

Circle all that apply

June 12-16th

July 10-14th

August 7-11th

Health and Emergency Information

Camper Full Name _____

Allergies _____

Current Medications _____

Dietary Restrictions _____

Injuries/Disabilities _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event of an emergency, I _____, authorize Madrone Ranch Stables' representatives to obtain medical treatment for my child, and I give consent for medical treatments in my absence. I am responsible for medical payment.

Signature of Parent/Guardian

Date

Emergency Contact

Mother's Name _____

Home Phone _____ Cell _____

Email _____

Father's Name _____

Home Phone _____ Cell _____

Email _____

Doctor's Name _____ Phone _____

Health Insurance

Insurance Company _____

Insured Name _____

Group Number _____ Plan Number _____

Phone Number _____

Payment Information

Payment must be received in full to reserve your child's spot in camp. Payment is non-refundable and deposits are not accepted.

Required: Registration

Weeks of camp _____ X \$375 = \$_____

Optional: Tee-shirt

Children's Small _____ X \$25 = \$_____

Children's Medium _____ X \$25 = \$_____

Children's Large _____ X \$25 = \$_____

Total \$_____

Please make checks payable to: Madrone Ranch Stables
We also accept MasterCard and Visa

Card Number _____ Exp Date _____ CVV _____

Name on Card _____

Cardholder Address _____

I, _____, authorize Madrone Ranch Stables to charge my above credit card for the total amount of \$_____.

Signature

Date

Liability Release

IN CONSIDERATION of receiving permission to participate in the above named program, or any activity associated with the above named program I _____, do hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE **Madrone Ranch Stables**, any officers, servants, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in said programs, or while in, or upon any premises where said programs are being conducted.

I am fully aware of the inherent risks and hazards connected with participating in activities with farm animals. I acknowledge that farm animals are unpredictable and potentially dangerous, and have a full understanding of the kinds of occurrences and hazards that may exist during or as part of my activities, including the potential for serious injury or death. I hereby elect to voluntarily participate in said programs, and to enter the above named premises and engage in such activity, knowing that the activity may be hazardous to me or my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, or otherwise.

I FURTHER HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES, OR OTHERWISE.

It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse, if any, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be considered in accordance with the laws of the State of Texas.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, UNDERSTAND IT, AND SIGN IT VOLUNTARILY AS MY OWN FREE ACT AND DEED; NO ORAL REPRESENTATION, STATEMENTS, OR INDUCEMENTS, APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE; I AM AT

LEAST EIGHTEEN (18) YEARS OF AGE, FULLY COMPETENT, AND I EXECUTE THE RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Witness

Date

Participant (Camper)

Date

Parent or Guardian Sign (If participant is a minor)

Date

Warning: Under Texas Law (Chapter 87, Civil Practice and remedies code) an Equine Professional is not liable for an injury to or death of a participant in Equine activities resulting from the inherent risks of Equine activities.

To secure your child's spot in camp, please make sure you have completed all the following information:

- _____ Camper Information
- _____ Health and Emergency Information
- _____ Payment
- _____ Liability Release
- _____ Immunization Records

Send all the above forms and payment to either:
Camps.MadroneRanchStables@gmail.com or Madrone Ranch Stables, 8801
Madrone Ranch Trail, Austin, TX 78738

Contact Information

Camp Director: Cassandra Clarkson
(work) 512-267-7100
(cell) 603-313-0117
Madrone Ranch Stables
8801 Madrone Ranch Trail
Austin, TX 78738