

Happy Trails Horse Camp



REGISTRATION FORM

Name of Participant: _____

Name of Parent/Guardian: _____

DOB: _____ Age: _____ Sex: _____

Mailing
Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Horse experience: _____

Any Medical Concerns: _____

Allergies: _____

**** To reserve your session of camp we require a \$ 50 - Non refundable deposit. The remaining balance of \$250 - will be due the first day of your camp.**

Check # _____ Amount: _____ or Cash: _____ Amount: _____

(Please choose one.) BEGINNER'S CAMP _____ NOVICE CAMP _____

By signing below you are committing your child to the camp you selected.

Signature of Parent/Guardian: _____

Please mail to: 7 Star Therapeutic Riding Center
P. O. Box 50655
Amarillo, TX 79159

Call us at (806)355-4773 or (806)316-2473 if you have any questions or visit our website at www.7starhorsetherapy.org.

Happy Trails Horse Camp



LIABILITY RELEASE

I acknowledge that 7 Star personnel has fully explained the scope of Happy Trails Horse Camp, including the potential for injury which might occur from riding horses, caring for horses and being involved in activities that include horses. I feel the possible benefit is greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assign, executor or administrators, agree to hold harmless, to waive and release forever all claims for damages against 7 Star Therapeutic Riding Center, its' Board of Directors, instructors, volunteers, therapists and/or contract employees for any and all injuries and/or losses the client may sustain while in the camp program.

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including, but not limited to, bodily injury and physical harm to horse, rider and spectator.

WARNING

Under Texas law (chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risk of equine activities.

The above has been thoroughly read and understood.

Signature of Parent or Guardian

Date

PHOTO RELEASE

I/we consent to and authorize the use and reproduction by 7 Star Therapeutic Riding Center and of any and all photographs and any audiovisual materials taken of my child for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Signature of Parent or Guardian

Date