

Rainbow Ridge Farm Equestrian Center llc.

4841 Applebutter Rd. Pipersville. PA 18947 215-766-9356

Camp Registration/Liability Forms

**RELEASE OF LIABILITY WAIVER FORM FOR ACTIVITIES, CAMPS, CLASSES, AND OTHER PROGRAMS SPONSORED BY "Rainbow Ridge Farm Equestrian Center."**

*Rainbow Ridge Farm Equestrian Center reserves the right to cancel or withdraw a registration of a group based on improper behavior and conduct of child participant and/or parent.*

In consideration for allowing myself or child to participate in programs and other activities at or sponsored by *Rainbow Ridge Farm Equestrian Center* and further in consideration of the *Rainbow Ridge Farm Equestrian Center* allowing

me and/or my child to enter and use the facilities owned, leased or otherwise provided by the *Rainbow Ridge Farm Equestrian Center* (the "Facilities") undersigned, for myself and for my child and his/her parents, heirs, assigns, personal and legal representatives and estate, fully and completely releases, discharges and holds harmless *Rainbow Ridge Farm Equestrian Center*, and its directors, trustees, officers, employees, agents, insurers, instructors, coaches, caregivers, and volunteers (collectively "its agents and employees") from any and all claims, actions, causes of action, and damages of any kind whatsoever, including but not limited to claims for personal injury or property damage, arising out of myself and/or my child's participation in any program or activity at the *Rainbow Ridge Farm Equestrian Center* or its Facilities.

Parent/Guardian Signature: \_\_\_\_\_

The undersigned acknowledges and recognizes there are inherent risks involved in riding horses and being in close proximity to/or/near/around horses and farm animals big and small, and any and all animals on the farm premises, including activities or recreational activities at *Rainbow Ridge Farm Equestrian Center* and the Facilities and the undersigned and myself or my child assumes the risk of any injury sustained while at *Rainbow Ridge Farm Equestrian Center* or at its Facilities. The undersigned agrees to indemnify, defend and hold harmless *Rainbow Ridge Farm Equestrian Center* and its agents and employees from any and all claims arising out of my child's participation in any program or activity at *Rainbow Ridge Farm Equestrian Center* or the Facilities, even if such claim arises as a result of a negligent act or omission of *Rainbow Ridge Farm Equestrian Center* or its agents and employees.

Parent/Guardian

Signature: \_\_\_\_\_

### Swimming Permission Form

I give permission for my child to participate in the swimming and water activities at Rainbow Ridge Farm Equestrian Center, under the supervision of their staff.

Parent/Guardian Signature: \_\_\_\_\_

### EMERGENCY Treatment

*I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required.*

Parent/Guardian Signature: \_\_\_\_\_

### PHOTOGRAPH WAIVER FORM

I give consent for myself or my child to be photographed, videotaped or filmed while participating in Rainbow Ridge Farm Equestrian Center activities and for the resulting images to be used by Rainbow Ridge Farm Equestrian Center for promotional purposes. This release is mandatory for volunteering.

Parent/Guardian Signature: \_\_\_\_\_

Enter your mobile number to receive sms text alerts. (\_\_\_\_) \_\_\_\_\_

Child's Address \* \_\_\_\_\_

Address Line 2- \_\_\_\_\_

City \* \_\_\_\_\_

State \* \_\_\_\_\_

Zip \* \_\_\_\_\_

Parent's Phone \* \_\_\_\_\_

Camp\*(check one) Equestrian Camp\_\_\_\_\_ - OR- Fun on the Farm Camp\_\_\_\_\_

Parent's email \* \_\_\_\_\_

1st Parent/Guardian\* \_\_\_\_\_

1. Cell Phone\* \_\_\_\_\_

1. Place of Work\* \_\_\_\_\_

1. Work Phone\* \_\_\_\_\_

2nd Parent/Guardian \* \_\_\_\_\_

2. Cell Phone \* \_\_\_\_\_

2. Place of Work\* \_\_\_\_\_

2. Work Phone \* \_\_\_\_\_

Emergency Contact\* \_\_\_\_\_

Relationship\* \_\_\_\_\_

Telephone\* \_\_\_\_\_

Cell Phone\* \_\_\_\_\_

Child resides with\*

1st Parent\_\_\_\_\_

2nd Parent\_\_\_\_\_

Guardian\_\_\_\_\_

Both\_\_\_\_\_

Other\_\_\_\_\_

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. Name & Phone Number\* \_\_\_\_\_

2. Name & Phone Number \* \_\_\_\_\_

3. Name & Phone Number \* \_\_\_\_\_

4. Name & Phone Number\* \_\_\_\_\_

5. Name & Phone Number\* \_\_\_\_\_

Please list any other information you'd like to include about your camper:

\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## STUDENT/CAMPERS MEDICAL INFORMATION

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Hospital preferred\* \_\_\_\_\_

Child's Pediatrician's Name \* \_\_\_\_\_

Child's Pediatrician's Phone\* \_\_\_\_\_

Date of last physical\* \_\_\_\_\_

Date of last tetanus shot \* \_\_\_\_\_

Medical conditions \* \_\_\_\_\_

List of past medical treatments\* \_\_\_\_\_

List all current medications regardless of whether it needs to be taken a camp or not (☺) \_\_\_\_\_  
\_\_\_\_\_

Will your child need to take any prescription medications while at camp? \*

Yes

No

\*\*\*If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it on the first day that they attend camp

## Allergies

(Please put N/A if your child does not have an allergy)

Food \* \_\_\_\_\_

Medication\* \_\_\_\_\_

Insect\* \_\_\_\_\_

Other\* \_\_\_\_\_

Does your child require an Epi-pen? \*

Yes\_\_\_\_ No\_\_\_\_

If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

**Specific Activities to be restricted for health reasons\*** \_\_\_\_\_

## WEEKLY RESERVATION

PLEASE LIST DATE OF AND FORM OF PAYMENT AND YOUR CHILDS NAME ON THE WEEKS THEY ARE PARTICIPATING.

\*Your child is not considered registered until Full Payment is received.

o WEEK 1 (6/19/2023) Summer Riding Camp ONLY- Date paid \_\_\_\_\_

o WEEK 2 (6/26/2023) Summer Riding Camp ONLY- Date paid \_\_\_\_\_

o WEEK 3 (7/14/2023) Fun on the Farm ONLY- Date paid \_\_\_\_\_

o WEEK 4 (7/24/2023) Fun on the Farm ONLY- Date paid \_\_\_\_\_

o WEEK 5 TBD

o WEEK 6 TBD

o WEEK 7 TBD

o WEEK 8 TBD

Information

\*\*\*Please be sure and fill out the right week according to the CAMP you are registered for\*\*\*

\*\*\*AFTERCARE ONLY-Monday through Friday 3:30-5:30pm (aftercare \$25 per day, must be notified prior to drop off)

\***WEEK 1 or 2 Summer Riding Program:** Ages 6-14 8:30-3:30 FULL DAY \$400 per week.  
1/2 DAY 8:30am-1pm \$275 per week

\*\***WEEK 3 or 4 FUN on the Farm Camp:** Ages 6-14 8:30-3:30 FULL DAY \$350 per week.  
1/2 DAY 8:30am-1pm \$250 per week

Daily drop in pricing: \$75 for one full day. SPACE IS LIMITED, SO PLEASE BE SPECIFIC TO WHAT WEEKS YOUR CHILD CAN ATTEND.

Please enter participants' full name:

First Name \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Date of Birth \* \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child's Swimming Ability\***

Beginner\_\_\_\_\_

Intermediate\_\_\_\_\_

Advanced\_\_\_\_\_

**Childs Riding Ability Level\***

Beginner\_\_\_\_\_

Intermediate\_\_\_\_\_

Advanced\_\_\_\_\_

By signing below, you agree that you have read and agree with the terms of the waiver/s and that the information you provided is accurate. You furthermore agree that your submission of this form, shall constitute the execution of this document.

Signature of  
Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_