

Overnight Day Camp
(Please circle)

Campers Name: _____



Shady Lawn Ranch

6255 River Rd.
Oakdale, CA 95361
Fax & Phone: (209) 847-5924
Toll Free Phone: (866) ShadyLR
www.shadylawnhorses.com

Please complete and sign the registration forms, then mail or FAX to Shady Lawn Ranch. To reserve your space you must submit a 20% deposit (which is non-refundable 6 weeks prior to the first day of camp.) Full payment is due 3 weeks prior to camp. Make checks payable to “Shady Lawn Ranch”. A copy of the camper’s immunization records will be required upon arrival or sent with this form.

Family’s last name: _____ Parent’s/Guardian’s Name(s) _____

Camper’s Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phones: Home _____ Best person to contact & phone #(s) _____

If that person cannot be contacted list names & numbers to contact: 2nd _____

3rd _____

Camper’s info

4th _____

Name: _____ Birthdate: _____ Age: _____ Grade: _____

MUST HAVE THIS INFO: Height _____ Weight _____ Gender: Male Female

Camp Dates Requested: List how many weeks you wish to attend & the first date of each of those weeks.

of weeks: _____ Dates of weeks: _____

If you have been to camp here before, what is the last level you passed? _____

If you have never ridden at Shady Lawn before please describe your riding experience. (Riding ability will be assessed.)

How did you find out about Shady Lawn Ranch? _____

Confirmation name, address & phone or email address for camp correspondence & billing:

Name: _____ Address: _____

Phone: _____ City, State, Zip: _____
Home, work or cell?

Email address: _____

Health History

Camper must provide Proof of Immunization required by the state of California. Please include a copy or be prepared to show the camper's immunization records.

List any conditions the camper is under the care of a physician for: _____

Current treatment or medication: (All medication must be in original container, must have clear dosage instructions and must be turned over to the camp staff upon arrival at Shady Lawn Ranch. Campers are not to keep any medication in the cabins.)

Explain any loss of consciousness, convulsions, or concussions: _____

Does the camper have epilepsy? Yes No Does the camper have diabetes: Yes No

Any medically prescribed meal plan or dietary restrictions: _____

List all FOOD allergies: _____

List all other allergies: _____

Any activities the camper is not allowed to do: _____

Has the prospective camper received counseling or treatment for behavior – including ADD or ADHD, depression, family conflicts, self-esteem problems or other needs? If so, please explain:

Any additional Health information: _____

Insurance Information

Health Insurance Carrier: _____

Policy Number: _____

Doctor's Name & Phone Number: _____

This section must be read and signed by Campers and Parents/Guardians or Staff Members

I hereby give consent for the camp director to provide me/my child with emergency medical services, transportation, housing, and meals associated with my/my child's registration as a camper. Additionally, I hereby agree that in the event I/my child elect(s) to obtain any of these services or medical treatments from any sources other than that provided or approved by the camp director, I accept full and complete responsibility.

I hereby give consent for the camp director to apply the following described rules of conduct for campers and understand that violations may result in full or partial forfeiture of my/my child's guest privileges:

1. The transportation, possession or unauthorized use of alcoholic beverages or drugs is prohibited.
2. Any physical damage to a facility or any loss of items in a cabin (blankets, brooms, etc.) will be paid for by those individuals assigned to the cabin in which the damage or loss occurs.
3. Posted or announced quiet hours and other rules of conduct on the premises of Shady Lawn Ranch will be observed.
4. Gross misconduct (eg. Theft, fighting, malicious horseplay, physical or verbal abuse, etc.), willful destructions of property, or acts considered an offense under federal, state or local laws/ordinances will not be tolerated and may result in full or partial forfeiture of my/my child's privileges and/or early dismissal from camp.

I recognize that certain hazards and dangers are inherent in the Camp events and programs and particularly, but not limited to, the activities of horseback riding and swimming, and I acknowledge that although Shady Lawn Ranch has taken safety measure to minimize the risk of injury to camp participants, Shady Lawn Ranch cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries and death. I further recognize and have instructed my child in the importance of knowing and abiding by the Camp's rules, regulations and procedures for the safety of camp participants.

Important – This box must be completed for attendance. (If camper cannot read, read above rules to him/her.)

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorized for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above (on first page). The completed forms may be photocopied for inner camp usage only.

Signature of parent/guardian/adult camper/staff: _____ Date: _____

Minor Camper: I have read or heard the above rules. I understand them and agree to abide by them and agree to abide with any restrictions placed on my camp activities. Furthermore, I understand there are risks involved in horseback riding, swimming and other camp activities and will abide by the camp rules to minimize such risks.

Signature of minor: _____ Date: _____

Please take a moment with your child to be sure they understand these rules. Thank you and we look forward to seeing you at Shady Lawn Ranch.

Rider Name:

Phone #(s):

Shady Lawn Ranch, LLC (SLR)

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Shady Lawn Ranch, LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SLR"), I hereby agree to release, indemnify, and discharge SLR, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback riding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, rear, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stumps, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the horse. Participants may lose their balance that can result in falling from the horse.

Furthermore, SLR employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SLR from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SLR's equipment or facilities, **including any such claims which allege negligent acts or omissions of SLR.**
- 4. Should SLR or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against SLR, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SLR on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Adult Participant's Signature _____ Print Participant's Name _____ Date _____

Address _____ E-mail _____

Phone #'s: Home _____ Cell _____ Work _____
(Please circle best # to contact you during the day.)

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) (hereinafter "Minor") being permitted by SLR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SLR from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian sign: _____ Print Name: _____ Date: _____