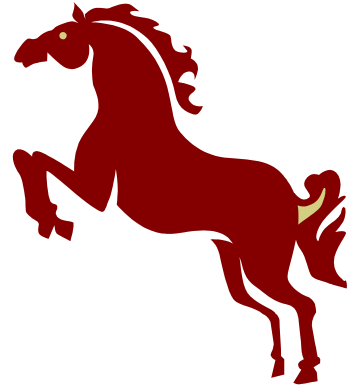


ROSAIRE'S RIDING ACADEMY

KIDSCAMP 2018



CAMPER'S NAME AGE: _____

PARENT'S NAME: _____

ADDRESS: _____

E-MAIL: _____

PHONE: _____ PHONE: _____

SPECIAL NEEDS OR MEDICAL PROBLEMS: _____

EMERGENCY CONTACTS:

NAME: _____ PHONE _____

NAME: _____ PHONE _____

We authorize our child or ward to be treated by a licensed physician, EMT , dentist, physicians assistant, registered nurse, or athletic trainer, if necessary, while attending camp. In submitting this entry, we waive, release, and forever discharge Rosaire's Riding Academy & Pony Rides LLC. and all camp directors and staff, and the host facility for and from any and all injuries, losses, or other damages suffered by our child or ward or us at this camp, while traveling to and from this camp, or while participating in this camp. We agree to indemnify and hold camp, and all camp directors and staff, and the host facility, harmless from and against any and all claims or demands, including reasonable attorneys' fees, made by any third party, to include our child or ward, due to or arising out of our child or ward's participation in this camp. We acknowledge that participation in this camp poses risks for our child or ward, and we represent that our child or ward is physically able to participate in this camp. If pictures of my child are taken, I agree to allow Rosaire's Riding Academy to use them for promotional purposes.

Signature of Parent or Legal Guardian: X