

Equitate LLC

2010 CAMPER'S REGISTRATION FORM

Name _____ Age _____ Boy _____ Girl _____

Parents' or Guardians'
names _____

Address _____ City _____ State _____ Zip _____

Phones: Home _____ Work: _____

Email: _____

Cell Phone(s): _____

Can we send your confirmation via email vs. a hard copy letter? Yes ___ No ___

Nearest relative in case of an
emergency _____

Their emergency phone # _____

Please list any known handicap or allergies that your child may have or anything we should know about your child in order to make his or her camp experience an enjoyable one:

Dates of Camp Session: 1st choice: _____ 2nd choice: _____

*Most camp sessions will begin on Monday morning approximately 9:00am, the exact time will be specified in your Confirmation Letter. Please arrive 15 minutes ahead of the schedule start time in order to complete your registration for the start of camp. Also, if you are coming from out of town or need to make any special arrangements for your camper, please call us ahead of time so we can accommodate your needs.

*Your Confirmation Letter will include a list of items to bring and a detailed agenda. This will be sent to you 1-2 weeks prior to camp.

***Please return this form & \$150 non-refundable deposit, made payable to Equitate LLC, as soon as possible to: Sheri Brandl, 671 Summer Creek Rd., Oconomowoc, WI 53066**

*Camp will be filled on a FIRST COME, FIRST SERVE basis, so sign up early!
SEE YOU SOON!

REMEMBER to sign the back of this form → → →

RELEASE FROM LIABILITY/INJURY WAIVER

NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.1481(1)(e) of the Wisconsin statutes.

I, the undersigned parent or guardian of the above named Camper(s), consent to the attendance of said Camper(s) and so hereby release and discharge Equitate, Ltd., Sheri or Sarah McClintock from any and all liabilities for injuries sustained by said Camper(s) while in attendance at said Stables. I hereby give permission for X-rays, suturing of lacerations and other treatment deemed necessary by the attending physician in the Emergency Room.

(Parent or Guardian Signature)

(Date)

HELMET WAIVER

You only sign this form if you want to give your child permission to ride without a helmet

It is statistically clear that there are certain inherent dangers associated with horseback riding. One of those dangers is the risk of suffering serious head injuries should the rider fall or be thrown from his/her horse. It is therefore the policy of Equitate and the owner, Sheri Brandl, that safety riding helmets will be worn at all times when riders are mounted on a horse.

I, _____, being fully aware of that policy and the reasons for it choose, of my own free will not to wear a safety riding helmet. In taking this action, I hold Equitate, Sheri Brandl, Sarah McClintock, and their insurer free from any and all liabilities that I may receive as a result of my actions and failure to wear a safety riding helmet.

(Parent or Guardian Signature)

(Date)

(Witness)

*Please note hard helmets are NOT provided by Equitate. Call us ahead if you need a helmet as new & some used ones are available for purchase. *Waivers cannot be granted to a person under the age of 18 without the consent of a parent or guardian.