



Summer Camp Registration Form 2021

Please mail with your Deposit and Release Form to:
Academy Stables, Inc.
 4277 N 109th Street
 Lafayette, CO 80026

Please visit www.AcademyStables.com for the most current camp schedule, pricing and available discounts

Camp Attendee's Name: _____ Date of Birth: _____

Parent's/Guardian's Name: _____ Phone Number: _____

Email Address: _____

How did you hear about us? _____

One t-shirt is included with your registration. Shirt size (please circle one): **YXS** **YS** **YM** **YL**

We would like all campers to wear their shirt on the last day of camp for pictures.

Additional shirts are available for \$10/ea. Would you like to purchase an additional shirt? **Y** **N**

I would like to sign up my child for the following camp(s):

Camp Level	Week of Camp

Fees: Levels 1 and 2 Camps (Full Day Only):\$455

If a receipt is needed, please obtain a receipt from the instructor before the end of camp.

\$10 Discount/Camp is given to those individuals attending more than one camp (excluding the first Camp).

Total Cost: \$_____ Non-Refundable Deposit Enclosed (\$150 per Camp): \$_____

Parent or Guardian Authorization: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R Physician).

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In Case of Emergency, Contact: _____ Phone: _____

In Case of Emergency, Contact: _____ Phone: _____

Mr./Mrs./Ms. _____ Date: _____

Authorized Parent/Guardian's Signature

Academy Stables, Inc. Parent/Guardian/Individual Grant of Permission Assumptions of Risk and Liability Release Form

Inherent Risks/ Assumption of Risk: I/we acknowledge the inherent risk involved in participating in equine activities and I/we agree to assume them. The inherent risks include, but are not limited to any to the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animals; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards including, but not limited to, surface or subsurface conditions; A collision, encounter and/or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death or loss to the participant or to other persons, including but not limited to , failing to maintain control over an equine and/or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will be at a distance of 3 ½ to 5 ½ feet, and the impact may result in harm to the rider. I/we acknowledge that these are just some of the risks and I/we agree to assume others not mentioned above. I am not relying on Academy Stables agents to list all possible risks for me.

Protective Headgear/Helmet Policy: Riding helmets are available for riders, regardless of age. Helmets are required for all riders under 18 and recommended for all riders.

Saddle Girth Loosening Warning: I/we acknowledge that: Saddle girths (fastener straps around the horse's belly) may loosen during riding. Riders must alert the nearest attendant of any girth looseness so actions can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.

Medical Attention Grant of Permission: I, the undersigned, state that I/we are the parent(s) or guardian(s) of the student/rider or the individual named below, and do hereby grant permission and authority to Don Dimig, Shelli Dimig, authorized employees, contractors and associates to act for us in verbal telephone instructions, or, if unable to contact me, to act in my absence, when dealing with physicians, ambulances, and hospitals to obtain prompt medical attention for the student named below in the event of an emergency requiring a physician or confinement in a hospital. I further, hereby, covenant and agree to completely release Don Dimig, Shelli Dimig, employees, contractors, and authorized associates and hold them harmless for any liability connected with obtaining prompt medical attention for the student named below.

Liability Release: I/we agree that: In consideration of Academy Stables, Inc. allowing my participation in any activity, under the terms set forth herein, I for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns do agree to release, hold harmless, and discharge Academy Stables, Inc, Don Dimig, Shelli Dimig, agents, employees, contractors, officers, directors, representatives or assigns, members, owners of premises and trails, affiliated organizations, and insurers, and any others acting on the stable's behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ACADEMY STABLES and/or ITS ASSOCIATE'S ordinary negligence or legal liability; and do further agree that except in the event of this stable's gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against Academy Stables, Inc and its Associates as stated above in this clause for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Academy Stables, Inc. and its Associates, whether on or off the premises of Academy Stables, Inc. and its Associates, but not being limited to Academy Stables, Inc. premises.

I/we acknowledge the existence of Colorado laws, as posted on the property and identified below that prohibits suits against horse professionals up to and including death, and hereby covenant and agree to completely release Academy Stables, Inc., and other authorized persons and hold them harmless for any injury or damage the student may sustain or cause while riding, attending horses, or participating in any lesson.

WARNING: Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119, Colorado Revised Statutes.

I/we, the undersigned, represent that I/we have read and do understand the foregoing agreement, liability release and assumptions of risk agreement. I/we understand that by signing this document I/we am giving up rights to sue today and in the future. I/we attest that all facts are true and accurate. I am signing this while of sound mind.

Parent/Guardian Signature if Minor

Rider's Signature if 18+ yrs of age

Date

Parent/Rider Email Address (Required): _____

Emergency Contact and Phone # (Required): _____

PLEASE COMPLETE OTHER SIDE

Rider's Name: _____

Rider's Age (if minor): _____

Rider's Address: _____

Main Phone Number: _____

Parent's Name: _____

What activity are you participating in today?:
 Lesson Camp Party
 Leasee Stable Ride Boarder
 Volunteer

Student/Rider Ability

Never ridden before Beginner Intermediate Advanced

Please Note any Mental and/or Physical limitations of Rider below (Check any/all of note):

Asthma Heart Condition Pulmonary Condition Vision Impairment
 Motor Impairment Joint Pain/Arthritis Mental Impairment Psycho-Social Disability
 Inner-Ear Impairment Mood Disorder (Please Explain): _____
 Other (Please Explain): _____

We greatly value your opinion of our horse operation. Please help us out by answering the following questions so we can better serve you!

How did you hear about us? _____

Can we do anything better? _____

Once Completed, Please Hand-Deliver to Academy Stables, Inc. In Person

**Thank you for visiting us at Academy Stables, Inc.
Come see us again soon!**