Снеск #	DATE:	AMT:	



ACADEMY STABLES, INC.

4277 N. 109TH STREET LAFAYETTE, CO 80026 303-665-4637

CAMP REGISTRATION & RELEASE 2024

RIDER'S NAME:		DOB:	AGE:
Address:			
Сіту:	STATE: ZIP CODE:	PHONE:	
MOTHER'S NAME:		PHONE:	
FATHER'S NAME:		PHONE:	
EMAIL ADDRESS(S):			
HOW DID YOU HEAR ABO	UT US?		
į P	LEASE FILL OUT ONE REGISTRA	ATION FORM PER CH	IILD.
i!	LEASE FILL OUT ONE REGISTRA	c	IRCLE CHOICE
i	LEASE FILL OUT ONE REGISTRA	C HORSE CA	IRCLE CHOICE MP PONY CAMP
PREVIOUS TYP	E/LEVEL OF RIDING EXPERIENCE	c	IRCLE CHOICE MP PONY CAMP IDAY WEDNESDAY -
PREVIOUS TYP No previous Trail rides of	E/LEVEL OF RIDING EXPERIENCE S RIDING EXPERIENCE DNLY	HORSE CA MONDAY - FR	IRCLE CHOICE MP PONY CAMP IDAY WEDNESDAY - FRIDAY 9:00AM - 12:00PM
PREVIOUS TYP	E/LEVEL OF RIDING EXPERIENCE S RIDING EXPERIENCE DNLY SSONS	MONDAY - FR 9:00AM - 2:0	IRCLE CHOICE MP PONY CAMP IDAY WEDNESDAY - FRIDAY 9:00AM - 12:00PM
PREVIOUS TYP No previous Trail rides of Previous le	E/LEVEL OF RIDING EXPERIENCE S RIDING EXPERIENCE DNLY SSONS	MONDAY - FR 9:00AM - 2:0	IRCLE CHOICE MP PONY CAMP IDAY WEDNESDAY - FRIDAY 9:00AM - 12:00PM 7 31` NE 7 JUNE 5 - JUNE 7

CAMP FEES DUE UPON REGISTRATION		
HORSE CAMP	\$540	
PONY CAMP	\$315	
PLEASE MAKE CHECKS PAYABLE TO: ACADEMY STABLES, INC		
CAMP REGISTRATION FEE	IS NON REFUNDABLE	
\$30.00 CHANGE FEE T	O CHANGE WEEKS	

HORSE CAMP	PONY CAMP		
MONDAY - FRIDAY 9:00AM - 2:00PM	WEDNESDAY - FRIDAY 9:00AM - 12:00PM		
May 27 - May 31`			
JUNE 3 - JUNE 7	JUNE 5 - JUNE 7		
JUNE 10 - JUNE 14	JUNE 12 - JUNE 14		
JUNE 17 - JUNE 21	June 19 - June 21		
June 24 - June 28	June 26 - June 28		
JULY 8 - JULY 12	JULY 12 - JULY 14		
JULY 15 - JULY 19	JULY 17 - JULY 19		
JULY 22 - JULY 26	JULY 24 - JULY 26		
July 29 - Aug 2	JULY 31 - AUG 2		
Aug 5 - Aug 9			

Child's Name:				
Family Physician:	mily Physician: Phone:			
Address:				
Hospital Preference:				
1. Emergency Contact:				
2. Emergency Contact:				
Mr./Mrs./Ms.		Phone:	Date:	
Authorized Parent/Guard	dian's Signature			
PERTINENT MEDICAL HISTORY: WE	e ask the follow	ing information so in the	event we needed to call 9-1-1 and you	
		_	on to the Paramedics in a timely manner.	
Please circle the appropriate response belo	•	-		
Yes No Previous history of concussions	Yes No Inhal		Yes No Has been in hospital in the last year	
Yes No Fainting episodes during exercise	Yes No Troul	ole breathing during exercise	Yes No Presently injured	
Yes No Epileptic/Seizures	Yes No Hear	t Condition	Yes No Has had an illness lasting more than a	
Yes No Wears glasses	Yes No Diab	etic	week in the past year	
Yes No Are lenses shatterproof?	Yes No Aller	gies	Yes No Any health problem that would interfere	
Yes No Wears contact lenses		or wasp Allergies	with participation in Horse riding?	
Yes No Wears dental appliance	Yes No Epipe		Yes No Has had injuries requiring medical	
Yes No Hearing problem		s a medic alert bracelet or neckla	ace attention in the past year.	
Yes No Asthma	res No Surg	ery in the last year		
If you answered 'Yes' to any of the a Relevant Medication: (inhaler, epicer				
Allergies: (food, medicine, environmer	ntal):			
Relevant Medical Conditions:				
Recent Injuries:				
Last Tetanus Shot:				
I understand that it is my responsibility information as soon as possible. ***In case of emergency, if family physical Personnel (i.e. EMT, First Responder, I.e.)	ician cannot be r	·	advised of any change in the above my child to be treated by Certified Emergency	
I hereby authorize the physician and m treatment of my child. I also authorize i necessary.			uation, diagnostic testing and necessary e (instructors, physician) as deemed	
***Authorized Parent/Guardian's Sig	nature			

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 1/2 to 5 1/2 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 or 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 or this stable's gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes or 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.

Rider Name (Required):			
Rider's Signature if 18+ vrs of age.	Parent/Guardian Signature if Minor.	Date	

PLEASE COMPLETE ALL 3 PAGES