**Rainbow Ridge Farm Equestrian Center llc.**

**4841 Applebutter Rd. Pipersville. PA 18947 215-766-9356**

**Camp Registration/Liability Forms**

**RELEASE OF LIABILITY WAIVER FORM FOR ACTIVITIES, CAMPS, CLASSES, AND** **OTHER** **PROGRAMS SPONSORED** **BY “Rainbow Ridge Farm Equestrian Center.”**

*Rainbow Ridge Farm Equestrian Center reserves the right to cancel of withdraw a registration of a group based on* *improper* *behavior and conduct of* *child participant* *and/or parent.*

In consideration for allowing myself or child to participate in programs and other activities at or sponsored by *Rainbow Ridge Farm Equestrian Center* and further in consideration of the *Rainbow Ridge Farm Equestrian Center* allowing

me and/or my child to enter and use the facilities owned, leased or otherwise provided by the *Rainbow Ridge Farm Equestrian Center* (the “Facilities”) undersigned, for myself and for my child and his/her parents, heirs, assigns, personal and legal representatives and estate, fully and completely releases, discharges and holds harmless *Rainbow Ridge Farm Equestrian Center*, and its directors, trustees, officers, employees, agents, insurers, instructors, coaches, caregivers, and volunteers (collectively “its agents and employees”) from any and all claims, actions, causes of action, and damages of any kind whatsoever, including but not limited to claims for personal injury or property damage, arising out of myself and/or my child’s participation in any program or activity at the Rainbow Ridge Farm Equestrian Center or its Facilities.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_/\_\_/\_\_

The undersigned acknowledges and recognizes there are inherent risks involved in riding horses and being in close proximity to/or/near/around horses and farm animals big and small, and any and all animals on the farm premises, including activities or recreational activities at Rainbow Ridge Farm Equestrian Center and the Facilities and the undersigned and myself or my child assumes the risk of any injury sustained while at *Rainbow Ridge Farm Equestrian Center* or at its Facilities. The undersigned agrees to indemnify, defend and hold harmless *Rainbow Ridge Farm Equestrian Center* and its agents and employees from any and all claims arising out of my child’s participation in any program or activity at *Rainbow Ridge Farm Equestrian Center* or the Facilities, even if such claim arises as a result of a negligent act or omission of *Rainbow Ridge Farm Equestrian Center* or its agents and employees.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_/\_\_/\_\_

**Swimming Permission Form**

I give permission for my child to participate in the swimming and water activities at Rainbow Ridge Farm Equestrian Center, under the supervision of their staff.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_/\_\_/\_\_

**EMERGENCY Treatment**

*I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required.*

*Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_/\_\_/\_\_*

**PHOTOGRAPH** **WAIVER FORM**

I give consent for myself or my child to be photographed, videotaped or filmed while participating in *Rainbow Ridge Farm Equestrian Center* activities and for the resulting images to be used by *Rainbow Ridge Farm Equestrian Center* for promotional purposes. This release is mandatory for volunteering.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_/\_\_/\_\_

Enter your mobile number to receive sms text alerts. (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address Line 2-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name and Phone \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s email \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By signing below, you agree that you have read and agree with the terms of the waiver/s and that the information you provided is accurate. You furthermore agree that your submission of this form, shall constitute the execution of this document.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_