



ARION Farm Discovery Day Camp 2012

REGISTRATION FORM

STUDENT INFORMATION

Student Name: _____

Date of birth: _____ Male Female Age: _____ Present Grade: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: (Home) _____

Language: English Other Sign language Height (ft): _____ Weight (lbs): _____

Previous Horse Experience Yes No If yes please explain _____

PARENT(S)/GUARDIAN(S) CONTACT INFORMATION

1. Parent / Guardian _____ Email: _____

Address: _____ City: _____ Province: _____ Postal code _____

Phone (Home) _____ (Work) _____ (Cell) _____

2. Parent / Guardian _____ Email: _____

Address: _____ City: _____ Province: _____ Postal code _____

Phone (Home) _____ (Work) _____ (Cell) _____

If there is a custody agreement or restraining order, please give details: _____

** copies of legal documents included with registration information

In case of emergency please contact _____ Relationship to child: _____

Phone (Home) _____ (work) _____ (cell) _____

CHILD PICK-UP PERMISSION FORM (Check appropriate space and provide names, if applicable)

____ NO ONE except the parents/guardian should be allowed to pick up the child from this program

____ The following person(s) have are authorized to pick-up the child from the program:

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

MEDICAL INFORMATION:

Primary Diagnosis: _____ Secondary Diagnosis: _____

Any medical concerns: _____

Any known allergies/dietary concerns: _____

Is your child on medications Yes No If yes please list: _____

(If our staff will need to administer medication, please be sure to complete one of our consent forms.)

BEHAVIOUR SUPPORT INFORMATION:

Does your child have a behavior support person at home or school Yes No

School Attending: _____

Any Learning / Physical concerns: _____

Any emotional / behavior concerns: _____

Please list any other information you think the staff need to be aware of in order to help your child

succeed at Arion _____

BEHAVIOR EXPECTATIONS and CONDITIONS OF ENROLLMENT:

1. Arion Therapeutic Farm reserves the right to dismiss any camper who constitutes a hazard to the safety and rights of others, or demonstrates that he/she has rejected the reasonable controls and supervision of the camp staff.
2. Failure to disclose information, including but not limited to medical problems or behavior concerns, at time of registration could result in dismissal.

PHOTO RELEASE

I consent and authorize the use and reproduction by Arion Therapeutic Riding Association of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature of Parent/Guardian _____ Date _____

SELECT CAMP (see flyers for dates):

SPRING BREAK CAMP: CAMP 1 Fee \$300 CAMP 2 \$300

SUMMER DAY CAMPS:

CAMP 1 Fee \$240 CAMP 2 Fee \$300 CAMP 3 Fee \$300 CAMP 4 Fee \$300 CAMP 5 Fee \$240
CAMP 6 Fee \$300 CAMP 7 Fee \$300 CAMP 8 Fee \$300 CAMP 9 \$300

I have filled out to the best of my knowledge the above information and agree to notify the staff at Arion if there are any changes

Signature of Parent/Guardian _____ Date _____

For office use only: Method of payment Cash Cheque Funding (confirmation required)
Date Payment received _____ (mm/dd/yyyy)

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)

For Participants Under the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of: _____

_____, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant.

Initial Each Item below after Reading and Understanding each item:

- _____ 1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
- _____ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
 - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
 - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
 - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
- _____ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
- _____ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
- _____ 5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
 - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
 - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
 - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
- _____ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- _____ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

Please Print Clearly

Infant Participant's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

Parent/Guardian's Name _____ Date of Birth _____

Address _____ City _____ Province _____ Postal _____

(Signature of Parent/Guardian of Infant Participant) Signed this _____ day of _____, 20____

(Print Name of "Host" Witness to Signing and Initialing)

(Signature of "Host" Witness)