

# 2025 GRAEAGLE STABLES HORSEMANSHIP CAMPS

Please fill out a separate release form for each camper.

Reservations will be confirmed upon receipt of signed RELEASE & 50% deposit.

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| Camp 1<br>July 7-10, 2025<br>9:00am-12:30 pm<br>\$498.00 per camper |
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| Camp 2<br>July 14-17, 2025<br>9:00am-12:30 pm<br>\$498.00 per camper |
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| Camp 3<br>July 21-24, 2025<br>9:00am-12:30 pm<br>\$498.00 per camper |
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| Camp 4<br>July 28-31, 2025<br>9:00am-12:30 pm<br>\$498.00 per camper |
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Camper Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Age \_\_\_\_\_ **MUST BE AT LEAST 8 YEARS OLD**

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

*In case of emergency, please list a local contact:*

Riding experience: \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

Local Phone/Cell \_\_\_\_\_

Attended Camp Before? Yes \_\_\_\_\_ No \_\_\_\_\_

Where are you staying? \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY

I certify that I and/or my minor children are in good health and have no prior medical conditions that could be aggravated by participating in horseback riding activities. I understand that riding horses and being near them is a high-risk activity, and that by allowing myself or my child to participate in this activity I may be exposing said person to physical risks and dangers. In consideration of participation in the above activity, I hereby agree to indemnify, hold harmless Reid Horse & Cattle Co., Inc., their officers, directors, employees, and agents and I hereby WAIVE, RELEASE AND DISCHARGE them from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me or my child as a result of my own or my child's participation in said horseback riding activities. This release is intended to discharge in advance Reid Horse & Cattle Co., Inc., their officers, directors, employees, and agents from and against any and all liability arising out of or connected with my own or my child's participation in said horseback riding activities, even though that liability may arise out of NEGLIGENCE OR CARELESSNESS, on the part of the persons or entities mentioned above.

I HAVE READ THE ABOVE AND I AM AWARE THAT HORSEBACK RIDING ACTIVITIES MAY SUBJECT ME/MY CHILD TO PHYSICAL RISKS AND DANGERS, NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME, MY CHILD/WARD, OR MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE OR ASSIGNS.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

UPON YOUR SIGNATURE THIS BECOMES A LEGAL AND BINDING CONTRACT

Signed (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Please complete, sign and return this form to:

**Reid Horse & Cattle Co., Inc., 1540 Chandler Road, Quincy, CA 95971 (530) 283-1147**