

CEDAR RIDGE EQUINE

Summer Horse Camps 2019

Thank you for making Cedar Ridge Equine Horse Camp a part of your summer vacation! We look forward to having you. This year each group will enjoy a number of daily activities including arts and crafts, hands on horsemanship skills, riding and instruction from equine professionals. On the last day of camp, parents are invited to attend a potluck BBQ and attend our grand finale horse show/rodeo event, which we will have prepared for all week!

Things to Remember....

- **Camp Location:** 555 Rocky Road, Bozeman, MT. 59718
- **Please drive slowly on Rocky Road.** This is a small private neighborhood and our neighbors appreciate you driving under the posted 15mph speed limit.
- To reduce traffic carpooling with other campers is highly encouraged, please let us know if you are interested in this, and we can get you in touch with other campers who are as well.
- Please arrive ½ hour early **on the first day** of camp to check in and complete any additional paperwork.
 - Arrival Time for First Day of Camp is 8:30am, the remainder of the week please arrive at the designated camp start time of 9am.**
 - *If you are bringing your own horse please plan on arriving a minimum of **1 hour ahead** of designated time to get your horse unloaded/settled in.
- If bringing your own horse additional paperwork/fees will apply, please complete Camp Horse Boarding Packet.
- All camps must be paid for in full amount on first day of camp & camp registrations forms completed before camper may participate in camp!
- All deposits are non-refundable.
- Camp cancellations must be made within one month of camp date. Deposit will not be refunded; however any other payments made toward tuition will be refunded.
- **Dress Appropriately:** Long pants and close-toed boots with a heel)
- Camp t-shirts will be provided, campers should wear their camp shirt on Wednesday (camp picture day) and Friday for the Showdeo.
- Please bring an equine certified riding helmet.
- A limited number of boots and helmets are available at camp to a limited number of students. Please verify use with Amy prior to camp.
- Apply adequate sunscreen before arrival.
- Bring a labeled water bottle, water to refill bottles will be provided for all camp sessions
- Please pack snacks, for ½ day camp sessions. *(Please inform us in advance of any food allergies, medications, etc).*
- Please **pack your own lunch** if you are attending an **Stable Hand Program** or clinic session.
- Please note ‘Showdeo’ and Potluck BBQ times.
- **“Showdeo”/BBQ Times:** *(Parents/family members/friends please make sure to make room in your schedules to attend the “Showdeo” at the end of the camp week)*

-Your camper will be making an invitation with details for you on the second day of camp! Please make sure you receive one.

-Beginner Horsemanship Camp Morning Session=Showdeo at 11:00am and Potluck BBQ to follow (approximately noon)

If you have any further questions, please contact Amy at 530-263-3433 or email at: cedarridgeequines@gmail.com

Cedar Ridge Equine Summer Horse Camp Rules for Campers and Parents/Guardians:



- **Please drive slowly on Rocky Road.** This is a small private neighborhood and our neighbors appreciate you driving under the posted 15mph speed limit.
- **No one enters the arena without signing a release of liability form first.**
- **All junior riders must wear a helmet at all times when riding.**
- **Be pleasant and cooperative so that all participants enjoy themselves.**
- **Respect Supervision at all times, always be kind, polite and respectful to instructors and to everyone around you. Failing to comply with this rule can result in a call to parents or even being sent home from camp.**
- **Please stay within designated camp boundaries at all times.**
- **No riding outside of the arenas unless specified by your instructor.**
- **Always put away tools and equipment after using them.**
- **No gum chewing or eating while on your horse.**
- **Always check in with a camp instructor/leader before leaving your group (ie: restroom break, etc) To ensure the safety of our campers we need to know where our camper's are at all times.**
- **Please Clean up after you and your horse-(pick up manure left behind from your horse, clean up area after picking feet and grooming ie: hair droppings, garbage, etc.)**
- **No cell phones allowed. (They may be kept in a backpack/put away and not used during camp hours. Cell phone use must be approved by a Camp Instructor).**
- **Wear proper attire while riding (riding boots, pants, helmet-all three are required)**
- **Do not wear dangly jewelry that could get caught when working with or riding a horse.**
- **No chewing gum while riding.**
- **No dogs allowed outside of vehicles without permission form a staff member of Cedar Ridge Equine.**
- **No Smoking or alcohol on premises.**

These small efforts by you are greatly appreciated! Thanks!
Cedar Ridge Equine Staff, Instructors & Owners

I have read and understand the Cedar Ridge Equine Summer Horse Camp Rules. I am willing to accept and abide by these rules.

Signed: _____ Date: _____ (Parent/Guardian)

Signed: _____ (Horse Camp Participant)

Please complete the following information/waivers and bring with you to the first day of camp or mail/email to us prior to first day of camp. Copies to sign will also be available this first day of camp; however completing this prior to camp will reduce time spent at camp registration.

Camper/Participant Name: _____

Camp or Clinic Date/s: _____

Type of Camp or Clinic: _____

Please describe the campers prior experience with horses if any:

Please indicate and describe camper's goals for this camp:

Medical Information and Release

Name: _____

Hospital/Clinic Preference: _____

Physician's Name and Phone

Number: _____

Insurance Company and Policy Number:

Allergies/Special Health Considerations:

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of emergency.

Parent's/Guardian's Signature: _____ **Date:** _____

Please provide a copy of your Insurance Card.

Name (Print): _____

Cedar Ridge Equine Waiver of Rights

Assumption of Risk

1. I understand and acknowledge that this is a legal agreement that will either abolish or severely restrict my legal rights and the rights of my heirs and relatives in case I am injured, die or am otherwise damaged as a result of my attendance at any Cedar Ridge Equine, LLC. and/or Prechter ride, activity of function, or my participation in or being present at equestrian activities. I will not sign this agreement until I have read each and every paragraph and fully understand its content.

Initial _____

2. I understand and acknowledge that riding horses, being near horses, and being at equestrian facilities and on trails and in camps is inherently dangerous. I understand that the dangers include the possibility of serious and permanent physical and emotional injury and the possibility of death. I understand that I can get thrown, stepped on, kicked or otherwise injured by my horse or any other horse. I understand that riding trails, riding and jumping rings, and equestrian facilities and camps can be dangerous.

Initial _____

3. I understand and acknowledge that no amount of care, caution, instruction, or supervision can eliminate the dangers inherent in riding horses, being near horses and being at equestrian facilities and on trails or camps.

Initial _____

4. I understand and acknowledge that injury or death could result in a variety of ways including self-inflicted injury or death, injury or death by a horse or other animal, injury or death by the negligent or intentional act or omission of members, officers, directors, employees, and agents of Cedar Ridge Equine, LLC. and/or Amy Prechter, injury or death by the negligent or intentional act or omission of a third person, or of an apparent or hidden defect or dangerous condition of the equestrian facilities, trails and camps.

Initial _____

5. With my full knowledge and appreciation of the foregoing risks, I hereby forever release and discharge Amy Prechter and Cedar Ridge Equine, LLC. its members, officers, directors, employees, agents, volunteers, and people with whom provide facilities or services (all of whom are hereinafter collectively referred to as "RELEASED PARTIES") from any and all liabilities, claims, demands, or causes of action that I may hereafter have for injuries, damages, and death arising out of my attendance at camps, lessons and functions or participation in equestrian activities including but not limited to injury, damage or death cause by the passive or active negligence or the RELEASED PARTIES or third parties or the intentional acts of or omissions of the RELEASED PARTIES or third parties.

Initial _____

6. I further agree that I will not sue or make a claim against the RELEASED PARTIES for injury, damage, death or other losses sustained as a result of my attendance at or my participation in equestrian activities.

(Page 1 of 3)

Initial _____

7. I understand that by signing this Waiver and Assumption of Risk that I am giving up significant rights that I, my family and heirs have. I further understand that there may be other equestrian groups in the area that would not require me to give up some or all of these rights. Knowing this, I still prefer to use the facilities of Cedar Ridge Equine, and Amy Prechter and therefore I voluntarily give up my rights as described in this agreement.

Initial _____

8. I understand and acknowledge that the RELEASED PARTIES may not be insured (wholly or in part) against any claims or actions by me or others arising out of my participation in equestrian activities and trail rides, lessons and functions. I further understand and acknowledge that the RELEASED PARTIES may not have any health or other medical insurance that would pay for any of my medical or related expenses in case I was injured and therefore I understand that it is my responsibility to provide full medical insurance for any injury which may befall me.

Initial _____

9. I understand and agree that the various provisions of this agreement are severable and the invalidity or inapplicability of any provision shall not affect the validity or applicability of the other provisions. This agreement shall be governed by the laws of the State of Montana. If, under the laws of state in which this document is executed, consents, waivers, releases and/or agreements as set forth herein are required, as a condition of their enforceability, to be in a certain form or to contain special language, such special form or language is deemed incorporated as a reference herein and I covenant that I would have executed and will upon request of RELEASED PARTIES (with retroactive effect to the date hereof), execute an agreement pertaining to the subject matter which contains such special form or language.

Initial _____

10. This agreement represents a complete embodiment of the understandings and agreements between the RELEASED PARTIES and I regarding the subject matter, No representations have been made to me regarding the subject matter except as set forth herein. This agreement may not be modified or rescinded except in a writing executed by an officer of Cedar Ridge Equine, LLC. and Amy Prechter.

Initial _____

11. I further understand that if I have any questions about this agreement I will not sign the agreement until after I have consulted an attorney.

Initial _____

12. I represent that I have carefully read each and every one of the provisions hereof, fully understand each provision and consent to be bound thereby. I further acknowledge receipt of a copy of this agreement.

Initial _____

(Page 2 of 3)

WARNING, DO NOT SIGN THIS WAIVER OF RIGHTS AND ASSUMPTION OF RISK AGREEMENT UNTIL YOU HAVE READ AND UNDERSTOOD EACH AND EVERY PARAGRAPH.

PRINT NAME AND DATE

SIGNATURE (PARENT
SIGNATURE IF UNDER 18 YEARS OF AGE)

Parent/Guardian Contact Information:

Name: _____

Phone: _____

Alternate Emergency Contact Information:

Name: _____

Phone: _____

Page 3 of 3

Cedar Ridge Equine Media Release

(Optional)

I, _____ the undersigned parent hereby consent to the use of my child's _____ photograph and/or likeness for the uses licensed by Cedar Ridge Equine, LLC for any use, advertising, sales, or promotion reasons, thus, waiving Cedar Ridge Equine, LLC from any liability claims whatsoever for said use(s).

Parents Name (Printed): _____

Child's Name (s): _____

Date: _____/_____/_____