



# Cedar Bay Day Camp

## Cedar Bay Day Camp (7-12) - Summer 2010

### Equestrian Program Forms



The primary focus of all current Cedar Bay programs is safety around horses and an introduction to all aspects of the care and handling of horses. While very basic beginner riding techniques will be introduced to the children throughout the various levels they will not be proficient riders upon completion.

**Beginner:** Children that have little to no experience with horses.

The program will include safety, haltering, leading, grooming, horse behavior, parts of the horse, tacking, rider fitness and health.

On day 4 and 5 of the 5-day camp program children will be riding with an adult leading. If the child is confident and demonstrates some control of the horse the lead rope will be exchanged for a lunge line to allow the student more freedom.

**Intermediate:** Students that have participated in The Equestrian day camp program in 2009, Saddle Club participants, Raise a Foal participants or have taken lessons at other facilities.

The program will review the items listed in the beginner level but students will be expected to perform the various task in a more independent fashion. Riding will begin on day 2 or 3 of the 5-day camp program. The students will be riding with an adult leading or controlled on a lunge line depending on their skill level and confidence.

**Advanced:** The pre-requisite for the advanced program is completion of the beginner and intermediate programs or previous riding experience and lessons taken at another equestrian facility. Riding independently in their past experience is an asset but not mandatory.

The commencement of riding with or without lines on the horses will be at the discretion of the instructor upon assessment of the participant's skill level and capacity to control the horse. It is estimated riding would begin on day 2 of the 5-day program.

**General requirements:** All participants must have a parent or guardian signed Cedar Bay waiver form. All participants must wear long pants and shoes or boots with a low heel. (Running shoes will not be permitted while riding.) Helmets will be provided and must be worn during riding sessions.

For more information please call Sue Williams 737-3107

**Please indicate what level of experience your child has with Equine activities. This will help us place your child with other kids of their skill level for a better experience in our program!**

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Beginner                       Intermediate                       Advanced

Parent Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ACKNOWLEDGEMENT of RISK and RELEASE of LIABILITY – **“For Participants Not 18 Years Old”**

Please Print Clearly

Infant Participant’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Infants Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_ Postal: \_\_\_\_\_

Guardian’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian’s Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_ Postal: \_\_\_\_\_

**The Guardian must Read and Understand prior to the Infant Participating in Equine Activities**

TO: \_\_\_\_\_ their directors, employees, officers,  
(Name of Person, Organization or Company providing the Equine Activities)  
volunteers, business operators, and site property owners. (All of them collectively called the HOST)

**Initial each item below After Reading and Understanding the item**

- \_\_\_1. **I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as a parent and/or guardian and with the intent that this form be binding on myself and infant Participant for all legal purposes.
- \_\_\_2. **I Understand** there are Inherent **DANGERS, HAZARDS** and **RISKS**, (collectively called **“RISKS”**) associated with Equine Activities and injuries resulting from these **“RISKS”** are a common occurrence.
- \_\_\_3. **I Acknowledge** that the Inherent **“RISKS”** of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
- The propensity of any equine to behave in ways that might 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.
  - 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.
  - The potential for other participants (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- \_\_\_4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent **“RISKS”** and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.
- \_\_\_5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- \_\_\_6. **In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”)** agree
- **To Waive All Claims that I or the infant Participant might have against the “HOST”** ; and
  - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant’s Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”**; and
  - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** FROM ANY AND ALL LIABILITY FOR PROPERTY DAMAGE OR PERSONAL INJURY TO THE INFANT Participant or to any third party which might result from the infant’s Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

SIGNED This \_\_\_\_\_ day of \_\_\_\_\_ year of \_\_\_\_\_

\_\_\_\_\_  
(Print Name of HOST Witness to signing & Initializing)

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature Host Witness)

\_\_\_\_\_  
(Signature of Parent/Guardians)

**Do Not Sign until you Understand All Items Above**