

**MISTY RIVER HORSEMANSHIP FOR FUN  
SUMMER DAY CAMP  
2009 ENROLLMENT FORM**

Circle the Date You Wish to Attend:

June 8-12 - full day      July 13-17- half day

June 15-19 -full day      July 20-24 - half day

June 22-26 - full day      July 27-31 - half day

Name of Child \_\_\_\_\_ Birth date: \_\_\_\_\_  
Female \_\_\_\_ Male \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please note any allergies or impairments that could affect activities:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Participant: \_\_\_\_\_  
Signature of Parent/Custodian: \_\_\_\_\_  
Date \_\_\_\_\_

**Please be sure the attached Waiver of Liability Form and Emergency Consent Forms are also filled out.**

Please select your payment choice, and mark your selection in the appropriate line.

\_\_\_\_ Send check or money order for full payment

\_\_\_\_ Pay Non-Refundable \$50 Deposit, with balance due at camp check in.

Use Credit/Debit card for payment:

\_\_\_\_\_ Master Card    \_\_\_\_\_ Visa    \$\_\_\_\_\_ Amount

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expires: \_\_\_\_\_ Signature: \_\_\_\_\_

Make checks payable to Misty River Equestrian Center.  
All payments made are non-refundable.

**WAIVER OF LIABILITY  
MISTY RIVER EQUESTRIAN CENTER**

ALL LINES MUST BE LEGIBLY FILLED OUT, OR CHILD AND/OR ADULT CAN NOT PARTICIPATE.

PLEASE READ CAREFULLY BEFORE SIGNING

WARNING: UNDER MISSOURI LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI, RSMO 537.325.

I HAVE READ AND UNDERSTAND THE MISSOURI EQUINE LAW.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Equine activities are hazardous by nature and could expose you or your child to serious injury or even death. This stable does not guarantee you or your child's safety. It is the policy of Misty River Equestrian Center that all students and novices (less than 1 year of riding experience ) and minors (under 18 years), must wear a ASTM standard and SEI certified helmet. Misty River Equestrian Center strongly recommends all riders, of all ages and experiences, to wear ASTM-SEI helmet.

By signing this document, I expressly assume the inherent and all other risks of this activity, and I agree not to hold liable, nor bring claim of any kind against Cindy M. Strahm, and/or family, and/or Misty River Equestrian Center, and/or any employees or assistants or volunteers, or instructors or any other equine professional associated with Misty River Equestrians Center, for negligence or otherwise for damages of any nature including but not limited to injury (or death) to myself, or the child I am legal guardian of, while riding, and/or handling, and/or participating and/or observing any horses, or horse related activities on the premises of Misty River Equestrian Center.

Print Name & Address: \_\_\_\_\_

\_\_\_\_\_

Print Child's Name \_\_\_\_\_

Print Phone: \_\_\_\_\_

I HAVE READ AND UNDERSTAND THIS AGREEMENT BEFORE SIGNING IT.

Participant Signature: \_\_\_\_\_

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

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

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

**MUST BE NOTARIZED**

**ADULT - Consent to Emergency Medical, Dental, or Surgical Treatment in the Event of Incapitation.**

My name is \_\_\_\_\_. I hereby consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save my life in the event I am incapacitated due to injury and am unable to do so myself.

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future incurred bills. Emergency Phone Numbers:

Number	Person to Contact	Number	Person to Contact
_____	_____	_____	_____
_____	_____	_____	_____

Any allergies or possible reactions to medications: \_\_\_\_\_  
\_\_\_\_\_

Any physical disability to be aware of: \_\_\_\_\_  
\_\_\_\_\_

(Signed) \_\_\_\_\_  
(Date) \_\_\_\_\_

**SWORN TO AND SUBSCRIBED**

before me this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Notary Public in and for the State of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_.

**MUST BE NOTARIZED**

**MINOR - Consent to Emergency Medical, Dental, or Surgical Treatment for Minor Child**

My name is \_\_\_\_\_ . I am the (Mother) (Father) (Guardian) of \_\_\_\_\_, a minor child and a riding student at Misty River Equestrian Center. I hereby consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save my life in the event I am incapacitated due to injury and am unable to do so myself.

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future incurred bills. Emergency Phone Numbers:

Number	Person to Contact	Number	Person to Contact
_____	_____	_____	_____
_____	_____	_____	_____

Any allergies or possible reactions to medications: \_\_\_\_\_  
\_\_\_\_\_

Any physical disability to be aware of: \_\_\_\_\_  
\_\_\_\_\_

(Signed) \_\_\_\_\_

(Date) \_\_\_\_\_

**SWORN TO AND SUBSCRIBED**

before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_.