

# Pony Hayvin Ranch Registration Form

SEPTEMBER 2017 – JUNE 2018

\$50.00 PER RIDER / NONREFUNDABLE REGISTRATION FEE

RIDER'S NAME \_\_\_\_\_ NICKNAME: \_\_\_\_\_

RIDER'S AGE: \_\_\_\_\_ RIDER'S CLASS GRADE: \_\_\_\_\_

ALLERGIES OR ANY HEALTH CONCERNS: \_\_\_\_\_

\_\_\_\_\_

## Parent's or Guardian's Name and Contact Information

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE (S): \_\_\_\_\_

**NON-FUNDABLE REGISTRATION FEE RESERVES RIDER'S SPACE IN THE CLASS AND PAYS FOR ADMINISTRATION FEES TO SET-UP RIDER IN THE PROGRAM.**

**REGISTRATION IS ON FIRST COME, FIRST SERVED BASIS. CANCELLATIONS MUST BE RECEIVED IN WRITING (VIA EMAIL) PRIOR TO START DATE. I UNDERSTAND THAT THERE MAY BE A WAITING LIST FOR THIS PROGRAM AND I WILL ONLY REGISTER THE ABOVE RIDER BECAUSE WE ARE COMMITTED TO THIS PROGRAM.**

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

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

## Consent for Medical Care:

**IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO REACH ME OR MY EMERGENCY CONTACT ON FILE. I GIVE MY CONSENT FOR PONY HAYVIN RANCH STAFF TO ACT ON MY BEHALF TO OBTAIN EMERGENCY MEDICAL CARE AND TREATMENT IF DEEMED NECESSARY FOR MY CHILD.**

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

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

# Pony Hayvin Ranch Registration Form (cont)

## Consent for Ranch photos to be used for marketing purpose (I.E.: PRINTED MATERIAL, FACEBOOK, OR ETC.)

\_\_\_ I DO GIVE PERMISSION FOR MY CHILD'S PHOTO TO BE USED FOR PONY HAYVIN RANCH, INCLUDING THEIR WEBSITE OR FACEBOOK PAGE, AND MY CHILD WILL NOT BE IDENTIFIED BY NAME.

\_\_\_ I DO NOT GIVE PERMISSION FOR MY CHILD'S PHOTO TO BE USED FOR PONY HAYVIN RANCH

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

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

### Waiver of Liability:

BY SIGNING THIS REGISTRATION FORM, I ACKNOWLEDGE THAT I FULLY UNDERSTAND THAT THERE ARE RISKS OF SERIOUS BODILY INJURY, INCLUDING DEATH, AND RISK OF DAMAGE TO OR LOSS OF PERSONAL PROPERTY. IN CONSIDERATION FOR ME OR MY CHILD BEING ALLOWED TO REGISTER, ENTER, PARTICIPATE IN, AND/OR OBSERVE, ANY HORSE ON THE RANCH BEING PERMITTED TO BE RIDDEN IN ANY OF PONY HAYVIN RANCH EQUINE ACTIVITY, I HEREBY FOR MYSELF, MY CHILD, MY HEIRS, AGENTS AND ASSIGNS, AGREE TO WAIVE, RELEASE AND FOREVER DISCHARGE ANY AND ALL CLAIMS RIGHTS AND CAUSES OF ACTION AGAINST PONY HAYVIN RANCH, ITS OWNERS, TRAINERS, EMPLOYEES AND VOLUNTEERS FOR INJURY OR DAMAGE CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY NEGLIGENCE OF PONY HAYVIN RANCH, AND I AGREE TO HOLD PONY HAYVIN RANCH HARMLESS AGAINST ALL CLAIMS AND CAUSE OF ACTION FOR ANY ALLEGED OR ACTUAL INJURY OR DAMAGE WHICH I, MY CHILD, MY AGENTS, OR RANCH HORSES, MAY OCCUR TO ANY PERSON OR PROPERTY. I VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH ME OR MY CHILD'S OR A HORSE(S) PARTICIPATION IN ANY OF THE RANCH ACTIVITIES. I FURTHER AGREE TO RESPECT AND BE BOUND BY THE RULES OF THE RANCH.

RIDER'S NAME & SIGNATURE: \_\_\_\_\_

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

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

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

**NOTE: REGISTRATION FORM WILL NOT BE ACCEPTED UNLESS SIGNED AND DATED.**