

For Office Use Only
Dept. Rec'd: \$
Check/MO #:
Balance Due: \$
Balance Paid: \$
Check/MO#:
Cash

Summer Horse Camp Registration Form

Camper's Name				
Allergies	Special Needs			
Street Address				
City	State	Zip Code		
Telephone ()	Cell Phone ()			
Emergency Contact Name	Relation	Phone ()		
Parent Email				
Persons Authorized for Drop Off and Pick	Up			
Camp Dates				
(Monday through Friday, 9am to 4pm)				
Session I: July 2-6	_Session V: July 30-Aug 3	Session VII: Aug 20-Aug 24		
Session II: July 9-13	_ Session IV: July 23-27			
Session III: July 16-20	_Session VI: Aug 6-Aug 10			

Registration and Payment

Fee is \$350 per child per session. \$325 per child per session if registering for TWO sessions. \$285 per child per session for THREE or more sessions. Please inquire about special rates for siblings.

A non-refundable registration deposit of \$50 per session is required. Balance is due on or before first day of your child's camp session.

Please print out, complete and mail this 4-page registration; registration form, horseback riding questionnaire, liability release, and medical emergency information with deposit(s) to: Never Say Never Stables, 906 Maple Drive, Webster, NY 14580. Cash, money order, or checks made payable to "Never Say Never Stables"

A confirmation email will be sent to you upon receipt of completed registration and deposit.

Never Say Never Stables Summer Camp

Horseback Riding Questionnaire

Please fill out this questionnaire to help us prepare for your time at camp. This form is necessary so we can match horse and rider appropriately and therefore give campers a great time at camp. Thank you!

Camper's Name		D.O.B
Height	Weight	*please note- our horses have a 150 lb. weight limit *
Riding Experience (c	heck one)	
Pre-Riding (nev	er been on a horse, afraid of I	horses and/or may need support to sit balanced in saddle)
Beginner (ridde	n a horse less than 5 times, li	ttle to no experience)
Intermediate (t	aken more than 5 horseback	riding lessons and performs basic riding skills)
	es/has taken horseback riding comfortable when riding/wor	lessons consistently, can walk/trot and perform basic riding king with horses)
Please describe any r horses.	iding experience you have or	anything we should know about your experience with
consideration the	age/weight/height/experienc	d by the Camps Director at their discretion. We take into e of campers to ensure a safe and enjoyable time at camp.
	PHOTO COI	NSENT AND RELEASE
YES! I'll smile		o put my picture anywhere on your website, social media, rials or other advertising.
No	thanks. I'm camera shy! Plea	se do not take or post pictures of me anywhere.

Never Say Never Stables Liability Release and Agreement for this Facility and Program

(Please read carefully, and bring it pre-signed when you arrive to Never Say Never Stables, which for this agreement, is synonymous with the property located at 906 Maple Drive, Webster, NY)

In consideration of being permitted to ride, interact with horses and ponies, take lessons, participate in special functions, which include traveling to and from special events, clinics, trail rides, special sessions, birthday parties, pony rides, equine assisted activities, volunteering and related events and activities; I hereby:

- 1. Understand that horse-back riding is a high risk sport and I understand the inherent dangers of riding or being around horses and am participating at my own risk. Serious injury may result from using this facility. I am willing to accept the risk of working with/on horses.
- 2. Hold Never Say Never Foundation and Stables; it's owners, employees, agents, and/or volunteers harmless for any and all injuries or illness incurred by myself, my minor children and any others that accompany me on said property. I shall bring no claims, demands, actions, causes or action and/or litigation against Never Say Never Foundation, Stables and/or its associates or owners as previously stated for any loss due to bodily injury or death sustained by me, my minor children, legal ward, or horse(s) in relation to the premises and operation of this facility., which includes riding, handling, or being near horses and/or other animals.
- 3. Understand and agree that Never Say Never Foundation and Stables is not responsible for any act, occurrence, or element of nature that can scare, endanger or cause harm to a horse, causing it to react in an unsafe manner.
- 4. Acknowledge that I am familiar with horse riding and understand the rules governing special activities and the importance of following Never Say Never Stables Rules.
- 5. Agree that prior to any horse related activity, I will inspect horse, equipment, facilities, etc., and if I believe anything to be unsafe or beyond my capability, I will immediately notify the person in charge and refuse to participate.
- 6. Acknowledge and fully understand that I will be engaged in an activity that might result in serious injury including permanent disability or death, and severe social and economic loss. Not only by my action, inaction, or negligence, but also by the action, inaction and negligence of others, the rules of the sport/activity, or conditions of the premises or equipment used. Further, I acknowledge that there may be other risks not known to me or foreseeable at this time.
- 7. Am aware of the risks involved with horseback riding and I assume these risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 8. Understand that no pets other than the animals of Never Say Never will be allowed on the property.
- 9. Have checked with my child's physician and my son/daughter has been given a clean bill of health to participate in horse related activities OR has specific written permission by the child's physician and/or attending health care professional(s) to participate in horse related activities.
- 10. Understand that Never Say Never Foundation and Stables cannot allow a person or persons to participate in any horse-related activity(s) if they have used: alcohol, controlled substances or any mood/mind altering substances. This includes illegal drugs, as well as prescription medication, if use of said medication in any way impairs a person's alertness or perception.
- 11. Understand and agree that anyone using this facility and/or parent/guardian will repair or reimburse Never Say Never Stables for all expenses which include materials and time in the event of any damage to equipment, jumps, arenas, or any part of the property that is damaged by their horse(s) or themselves.
- 12. Am aware that inhumane treatment of the horse(s) or repeated unsafe acts will immediately void all agreements and I will forfeit any fees and rights to access this center.
- 13. Understand that the stable owner shall not be liable for an injury to the horse(s) or damage to any property should the said horse(s) escape from the enclosure or while on the property.

I have read this warning, waiver and release, and understand that I give up substantial rights by signing it, and knowing this I sigr
it freely and voluntarily agree to participate and/or have my minor children participate, knowing these risks and conditions
involved and do so of my own free will.

Name of Postinians	Cianatura of Danast	Data
Name of Participant	Signature of Parent	Date

MEDICAL EMERGENCY INFORMATION

In the event of an emergency, conta	ct:		
Name	Relation	Phone	
Name	Relation	Phone	
□CONSENT PLAN			
In the event that emergency medica	ll aid/treatment is required due	to illness or injury during center	activities, or while
on the property of the agency, I autl	horize Never Say Never to:		
1. Secure and maintain med	ical treatment and transportat	on if needed.	
	•	zed individual or agency involved	in the medical
emergency treatment.		ζ ,	
This authorization includes x-ray, su	rgery, hospitalization, medicati	on and any treatment procedure	deemed "life saving
by the physician. This provision will			
Consent Signature			
Parent or legal guardian, if under 18			
□NON-CONSENT PLAN			
I do not give my consent for emerge	ency medical treatment/aid in t	he case of illness or injury during	center activities or
while on the property of the agency	•	, ,	
to take place:		•	0,1
Consent Signature			
Parent or legal guardian, if under 18	·		
RELEASE AND HOLD HARML			
No student will be accepted for equ	ine assisted activities and/or ho	orsemanship instruction and no vo	olunteer accepted
for service at NEVER SAY NEVER unt	il this form has been READ, UN	DERSTOOD, COMPLETED AND SIG	NED by the
parent(s) or guardian(s) of a minor of	or, if the student or volunteer is	of legal age and sound mind, by	the student or
volunteer. Although participation in	the program is under strict sup	ervision and every effort is made	to avoid injury or
accident, the undersigned acknowle	dges the inherent risks involve	d in riding, driving, and working a	round horses. This
includes bodily injury from horsebac	ck riding or driving or being in c	lose proximity to horses. Among	other risks, both
horse and rider can be injured durin	g normal use or in competition	and schooling. In order to provid	e this valuable
service, NO LIABILITY can be accepted	-	•	
the above named facility. IN CONSID	-		
NEVER SAY NEVER the undersigned,			
hereby agree to release, hold harmly			•
employees, representatives, success	-		_
damages of every kind and nature w	_	-	
undersigned or said minor may now	_	-	
•	_		
agents, employees, representatives,			•
physical or mental condition, known			_
a result of, or in any way connected	_	_	
directors trustees, agents, employee	-		
negligence or gross negligence in re	_	above or in any way incidental the	ereto. I have
carefully read this agreement and fu	illy understand its contents.		

Participant Name (Print) ______Parent/Guardian Signature ______Date _____