



Registration Paperwork
(Please write clearly in ink)

Camper Full Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Alt#: _____

E-mail address: _____

[] Parents or [] Guardian: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Relationship to Camper: _____

Phone: _____

Photo Release

I hereby consent to and authorize the use and reproduction by Kiddy Up Ranch and the City of Hudson of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: _____ Date: _____

(Adult Signature: Parent or Legal Guardian for Minor Child)

RELEASE AND HOLD HARMLESS AGREEMENT

WARNING UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR 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.

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, driving or being in close proximity to horses and other animals, among other risks, and further, that both horse and participant can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and working around horses at KIDDY UP RANCH. The Undersigned does hereby agree to hold harmless and indemnify TAMMY SLIGER AND/OR THE OWNER OF ANY HORSE USED BY KIDDY UP RANCH and release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Kiddy Up Ranch, Hudson, FL.

Participant Signature _____

Parent's Signature required if under 18: _____

Kiddy Up Ranch Therapy and Learning Academy

Participant Release Form please write clearly in ink.

Participant Full Name: _____

Date of Birth: _____

UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR 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.

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student a program, event, or activity taking place under the sponsorship of or at the facilities of **Kiddy Up Ranch**, a Florida not for profit corporation (“Kiddy Up”), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of _____ or at the facilities of Kiddy Up ("Activities"). I fully understand that my decision to be a Participant, or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of _____ the Activities as well as transportation to and from all Activities. In consideration of Participant’s being allowed to participate in the Activities, on behalf of Participant, Participant’s heirs, personal, or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Kiddy Up, the City of Hudson, and each of Kiddy Up and the City of Hudson’s owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively the “Releasees”), from any and all claims or causes of _____ action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of _____ the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releasees.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect. This Unconditional General Release shall be immediately effective upon its execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT DATED _____ this _____ day of _____ 20____.

Signature of []Participant, []Parent or []Legal Guardian

Printed Name of []Participant, []Parent or []Legal Guardian

Camp Questions

1. Does your camper have horse riding experience? YES NO

If yes, how many years _____ ? English or Western

2. Does your child have any food allergies? YES NO

If yes, please list: _____

3. Does your child have any environmental, small or large animal allergies? YES NO

If yes, please list: _____

4. There will be an opportunity to swim while at camp. Can you child swim? YES NO

5. Does your child have any special needs that our staff needs to be aware of? Please explain:

