

# GREENBRIAR RIDING ACADEMY DAY CAMP REGISTRATION 2018

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

CELL \_\_\_\_\_ TEXT OK? \_\_\_\_\_ CELL PHONE \_\_\_\_\_ TEXT OK? \_\_\_\_\_

OTHER PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INFO (allergies, etc) \_\_\_\_\_

**PHOTO RELEASE** \_\_\_\_\_ I give my permission for my child to be photographed/filmed at Greenbriar Riding Academy doing activities within our programs and that such images can be used on Facebook, our website or advertising materials using only the student's first name as identification.

\_\_\_\_\_ I do not want my child photographed or filmed at Greenbriar Riding Academy.

**INDICATE (X) LEVEL FOR EACH WEEK STUDENT WILL BE ATTENDING:**

	PEE- WEE RED	BRONC O GREEN	MUSTANG 1 ORANGE	MUSTANG 2 ORANGE	TROTTER 1 YELLOW	TROTTER 2 YELLOW	EQUEST'N TURQUOIS	H'MASTER PURPLE	TRAINER
<b>WEEK 1</b> JUNE 4-8									
<b>WEEK 2</b> JUNE 11-15									
<b>WEEK 3</b> JUNE 18-22									
<b>WEEK 4</b> JUNE 25-29									
<b>WEEK 5</b> JULY 2-6									
<b>WEEK 6</b> JULY 9-13									
<b>WEEK 7</b> JULY 16-20									
<b>WEEK 8</b> JULY 23-27									
<b>WEEK 9</b> JULY 30- AUG 3									
<b>WEEK 10</b> AUG 6-10									
<b>WEEK 11</b> AUG 13-17									

**CAMP T-SHIRT \$10** T-Shirt colors are listed under each level. **(Not required)**

**YXS YS YM YL YXL AS AM AL AXL AXXL 2/18**

**RELEASE OF LIABILITY AGREEMENT  
STUDENTS**

WHEREAS the undersigned and/or children (child) of the undersigned wish to participate in the riding program at Greenbriar riding Academy in Springville, Iowa, and acknowledge the potential risk and/or danger for personal injury and/or property damage as a result of or related to being with, riding, or being around horses.

The undersigned does hereby voluntarily waive any claim for personal injury and/or property damage that could be made or brought against Robin Ballantyne and/or Greenbriar Riding Academy, Inc., an Iowa Corporation, doing business as Greenbriar Riding Academy and/or its employees as the result of my use or my children's use of the facilities, including but not limited to participation in the riding program.

The undersigned as a condition for being entitled to enroll in the riding program at Greenbriar Riding Academy specifically warrants that they have obtained medical insurance which will cover the expense attributable to their or their children's personal injury sustained at Greenbriar Riding Academy and agree to maintain said policy in place for so long as there is participation in the riding program.

The undersigned parents do hereby agree to compensate Greenbriar Riding Academy, Inc. in full for any loss, expense, damage or costs that they might incur by reason of negligence of a student, parent, and/or guardian in the use of the facilities including but not limited to the riding program.

The undersigned adult acknowledges that he/she has read this document, understands same and agrees to all the terms of same.

Further, both parents of any minor child have executed this document. If only one parent executes this document then such parent warrants that he/she has exclusive custody of said child and agrees to hold Greenbriar Riding Academy, Inc. harmless for any claim that might be asserted against them by the other parent at a later date.

The undersigned acknowledges receipt of a copy of the rules and regulations associated with use of the facilities, have reviewed same and do hereby agree that they will obey same and further, that their children (child) will obey and comply with all such rules. Further, should they and/or their children (child) fail to obey all such rules, same can constitute a basis for Greenbriar Riding Academy, Inc. terminating all programs without a refund.

**WARNING: UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY AND INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.**

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent or Guardian Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Numbers