

# "JUST HORSIN' AROUND"

## Summer Equestrian Day Camp 2010

850 CR 342 Poteet, TX 78065

Camp Director/ Owner/Operator Karen Harris (830)570-9222

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### PARTICIPANT AGREEMENT, INDEMNIFICATION, AND ASSUMPTION OF RISK FOR MINOR

(Must be completed by Primary Custodial Parent of minor which is the legal guardian with the right to designate the geographic residence for participants under the age of 18 years old.)

I acknowledge that my child's participation in horseback riding activities entails known and unanticipated risks that could result in physical or emotional injury or death to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I, as primary legal guardian of the below named minor, hereby give my permission for my child to participate in the above named activity(s) and further agree to the terms herein contained. In consideration of \_\_\_\_\_ (print minor's name) being permitted by Lazy 2 Ranch to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless Lazy 2 Ranch, and all its employees/volunteers, from any and all claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the minor.

I hereby represent that the minor is in good health, that I have identified all medical conditions associated with the minor, and that I have adequately informed Lazy 2 Ranch personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize Lazy 2 Ranch to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, Lazy 2 Ranch shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

**WARNING:** Under Texas Law (Chapter 87 civil practices and remedies code) 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone #'s home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_