



## 2024 Summer Camp Registration

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Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please check off which camp(s) you or your child will be attending:

**Little Wruck Riders Two Day Camp:** July 4/5, 2024 \_\_\_\_\_ July 31<sup>st</sup>/Aug 1<sup>st</sup>, 2024 \_\_\_\_\_

**Intermediate Wruck Riders Level 1 Two Day Camp:** July 22/23, 2024 \_\_\_\_\_

**Intermediate Wruck Riders Level 2 Three Day Camp:** July 15-17, 2024 \_\_\_\_\_

**Experienced Wruck Riders Three Day Camp:** Aug 6-8, 2024 \_\_\_\_\_

**Ladies and Gents Wruck Riders Four Day Camp :** July 9-12, 2024 \_\_\_\_\_

**Adult Beginner Wruck Riders Two Day Camp :** July 24/25, 2024 \_\_\_\_\_

If you or your child hasn't ridden with Jessica at WRC before, please describe your child's previous riding experience:

\_\_\_\_\_

**Medical Information** *(note: if you've already provided me the family doctor and health number because you are a lesson student, you don't have to fill that out, but do fill out the last 3 questions of this section.)*

Personal Health Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_, Phone #: \_\_\_\_\_

Does your child have any health condition or problems restricting camp activities? If yes, please describe:

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Does your child have any special dietary requirements, if yes, please describe:

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Does your child have any allergies, if yes, please list and describe:

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Emergency Contact Information:

Name: \_\_\_\_\_, Phone #: \_\_\_\_\_

Name: \_\_\_\_\_, Phone #: \_\_\_\_\_

### **Photo Consent**

I hereby consent to the collection and use of my child's personal images by photography or video recording.

I acknowledge these may be used on the Wruck Quarter Horses and Wruck Riding Centre websites and facebook pages, in newsletters, on poster and or pamphlets and publications available to the public.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

I give this consent voluntarily.

### **Release and Waiver**

I fully understand that horseback riding, handling, and grooming of horses and other horse related activities are very dangerous. I wish to participate in these activities knowing that they are dangerous.

I, the undersigned, acknowledge that participating in equine activities involves inherent risk of injury and accordingly herby release **Jessica and Scott Wruck and Wruck Riding Centre**, their employees, representatives, or any, or all of them from claims, demands, action or cause of any kind or nature or accrue in favor of myself, my heirs, representatives or dependants, on me because of any matter, thing or condition, negligence, or default whatsoever and I/We hereby assume and accept the full risk of danger or any hurt, injury (including death), or damage which may occur through or by an reason, matter, thing or condition, negligence or default, or any person whatsoever.

**Helmet Rule: All riders 18 and under must wear an approved ASTM/SEI helmet.**

This is mandatory, once this waiver is signed, you acknowledge this and assume all risk accordingly. It is up to all Parents/Guardians to ensure their child and/or children are wearing helmets at all times, if required.

\_\_\_ Check off if you have signed off on the **ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY (AR-0103)** for under the age of Majority.

**By signing below, you have read and agree with the" Photo Consent", the "Release and Waiver" and have signed off on the "Acknowledgment of Risk and Release of Liability" form.**

Signed on the \_\_\_ day of \_\_\_\_\_, 2024

Name of Rider \_\_\_\_\_, Date of Birth \_\_\_\_\_

Signature : \_\_\_\_\_ (after having read the above)

Signature of Parent/Guardian : \_\_\_\_\_ (for all rider 18 and under).

Wruck Riding Centre RR#5, Site 504, Box 31 Saskatoon, SK S7K 3J8 306-380-3055