

**W-RANCH EQUINE CENTRE**  
**CHRIS WAEFLER**  
**15 ALVES RD RR#1 NOBEL, ON P0G 1G0 (705)746 66 93**  
**chriswaepler@hotmail.com**

**Registration form for Day Camp**

Campers Name: \_\_\_\_\_ July camp \_\_\_\_\_ August camp \_\_\_\_\_ (please circle)  
Date of Birth: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Primary contacts Name: \_\_\_\_\_

Please provide any alternate contact names and numbers – indicate relationship to child. Provide numbers where reachable during day camp hours: \_\_\_\_\_  
\_\_\_\_\_

Health Card Number: \_\_\_\_\_

Family Doctor name and Number \_\_\_\_\_

Does your child have any health, dietary, environmental or medication allergies that we should know about?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (please initial correct response). **Please list such allergies.** \_\_\_\_\_

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**W-Ranch Equine Centre cannot guarantee a peanut / nut free environment.**

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**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES**

**PLEASE READ CAREFULLY BEFORE SIGNING**

I request permission for my child to participate in day camp activities (horseback riding, other equestrian related activities, sports, games and water games) organized and operated by W-RANCH EQUINE CENTRE. I fully understand that horseback riding, handling and grooming of horses, other stable activities, sports and games are very dangerous. I understand and acknowledge that no amount of caution, experience or instruction can eliminate all of the risks involved in these activities. I accept and assume all risks of injury (including death) to my child or my property resulting from participation in day camp activities (horseback riding, other equestrian related activities, sports, games and water games). In exchange for being permitted to participate in these activities, for my child, myself, my heirs, guardians and legal representatives, I release and agree to hold harmless and not to make or bring any claim of any kind against W-RANCH EQUINE CENTRE, its officials, employees, representatives and or directors for any injury (including death), to my child, for any damage to me or my child's property, arising out of participation in these dangerous horseback riding or other activities.

I acknowledge and agree that by signing this form I release and agree to hold harmless W-Ranch Equine Centre, its officials, employees, representatives and or directors for any injury (including death), to my child, for any damage to me or my child's property, arising out of participation in these dangerous horseback riding or other activities.

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

(parent / guardian must sign for participant under 18)

Parent / guardian's printed Name: \_\_\_\_\_

Witness – print and sign name: \_\_\_\_\_ Date \_\_\_\_\_