

Rainbow Ranch

***255 Brass Castle Rd.
Oxford, New Jersey 07863***

Dear Parents:

Re: Group Riding Lessons

This is the registration package for the Pee Wee Riding Program. Please print out, complete, and sign all forms. Then mail the forms, along with the initial fee, to the address listed above. Upon receipt we will contact you with the start date of the next program.

Group lessons usually are scheduled on Saturdays, and continue for five weeks. In the event of rain, lessons will be made up on the immediate or following Sunday afternoon, time to be determined (The first two weeks are rain or shine).

On the first day, you will need to bring the following:

- **An approved riding helmet (an approved bicycle helmet is OK)**
- **Riding boots with a heel and smooth sole(should fit with thick socks on)**
- **Wear long pants with a long sleeve shirt, and long hair should be tied back, but must allow the helmet to fit properly.**

Students must arrive 15 min. prior to each lesson. Parents are welcome to stay in the designated picnic area during the lesson. If you have other children with you, they must stay by your side. If you leave, please return in one hour. Unclaimed children will be fed to the goats!

Any questions, please call (908) 715-6472.

Happy trails to you and yours,

Joe Capo

PEE WEE GROUP RIDING LESSON REGISTRATION

Child's Name: _____ Age: _____

Parent(s)/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph#: () _____ Work Ph#: () _____

Cell Ph#: () _____ Pager #: _____

Date: _____ E mail: _____

Lessons are \$24.00 per week, for the five-week course. Your total cost is \$120.00. Payable, in two installments. \$65.00 with registration form, and one \$55.00 payment on the third week. Please make checks payable to Rainbow Ranch.

Please check off and elaborate on any prior experience below:

Beginner Novice Experienced Pee Wee

Horse camp _____

Lessons _____

Other _____

Rainbow Ranch use only

Start Date _____	Completion Date _____
Reg. Pmt \$ _____	2nd Pmt \$ _____ 3rd Pmt \$ <u>N/A</u>

**RAINBOW RANCH FACILITY
ACKNOWLEDGMENT OF RISKS AND AGREEMENT NOT TO SUE
THIS IS A CONTRACT – READ IT**

I understand and acknowledge that Equine and Livestock activities is a dangerous, risk activity, and that there are inherent and other risks associated with the activities conducted on Rainbow Ranch, and it's off site activities. I understand these risks can cause serious and even fatal injuries. I understand that livestock behavior is sometimes unpredictable, no matter how docile the livestock may appear. And, beyond the control of the owners and operators of Rainbow Ranch. I understand that it is my responsibility to avoid any unsafe activity or situation that may occur, even if my lack of experience prevents me from recognizing such activity.

I acknowledge and understand that some, but not necessarily all, of the risks of activities conducted on and off Rainbow Ranch include the following:

- Falling off of a horse or pony, and resulting injuries from a fall.
- Being stepped on by one of the livestock on or off of Rainbow Ranch.
- Being bitten by one of the livestock on or off of Rainbow Ranch.
- Being knocked down by one of the livestock on or off of Rainbow Ranch.

I also acknowledge and understand that I am accepting AS IS any equipment involved in the activities conducted on or off of Rainbow Ranch, and further acknowledge and understand that NO WARRANTIES are being extended to me with respect to any aspect of the Rainbow Ranch facility. I agree and understand that visiting and partaking in any activities on or off of Rainbow Ranch is a purely voluntary form of recreation or sport and that if I am not willing to acknowledge the risks and agree not to sue, I should not engage in any activities on or off of Rainbow Ranch.

IN CONSIDERATION OF THE ABOVE AND OF BEING ALLOWED TO PARTICIPATE IN ANY ACTIVITY ON OR OFF OF RAINBOW RANCH, I AGREE THAT I WILL NOT SUE AND WILL RELEASE FROM ANY AND ALL LIABILITY THE OWNERS AND OPERATORS OF RAINBOW RANCH IF I OR ANY MEMBER OF MY FAMILY IS INJURED WHILE BEING PRESENT OR USING ANY OF THE FACILITIES, OR ACTIVITIES CONDUCTED BY RAINBOW RANCH, EVEN IF I CONTEND THAT SUCH INJURIES ARE THE RESULT OF NEGLIGENCE OR ANY OTHER IMPROPER CONDUCT ON THE PART OF ANY OF THE OWNERS AND OPERATORS OF RAINBOW RANCH. I FURTHER AGREE THAT I WILL INDEMNIFY AND HOLD HARMLESS THE OWNERS AND OPERATORS OF RAINBOW RANCH FROM ANY LOSS, LIABILITY, DAMADGE OR COST OF ANY KIND THAT I MAY INCUR AS THE RESULT OF ANY INJURY TO MYSELF, TO ANY MEMBER OF MY FAMILY, OR TO ANY PERSON FOR WHOM I AM SIGNING THIS AGREEMENT, EVEN IF IT IS CONTENTED THAT ANY SUCH INJURY WAS CAUSED BY THE NEGLIGENCE OR OTHER IMPROPER CONDUCT ON THE PART OF THE OWNERS AND OPERATORS OF RAINBOW RANCH.

I understand and agree that this Agreement is governed by the laws of New Jersey. I further agree that if any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I have read and understand the foregoing ACKNOWLEDGMENT OF RISKS AND AGREEMENT NOT TO SUE and am voluntarily signing below, intending to be legally bound hereby. If I am signing on behalf of a minor child, I represent and warrant that I am doing so with the consent and approval of my spouse or minor child's other parent (if any) and I understand that I am giving up the rights of my child and spouse (or minor child's other parent) to sue as well as giving up my own right to sue.

PARTICIPANT'S SIGNATURE

EFFECTIVE DATE(S)

USER'S NAME (Please Print)

PARENT'S SIGNATURE (IF PARTICIPANT IS A MINOR)

ADDRESS

CITY

STATE

ZIP

PARENT(S) MEDICAL CONSENT FORM

Child's Name: _____ Date of Birth: _____

SS#: _____ - _____ - _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph#: () _____ W or C Ph#: () _____

Parental Consent:

(I)(We), the undersigned, parent(s) of _____, a Minor, do hereby consent to said Minor participating in Equine Related Activities conducted by Joseph Capo and Rainbow Ranch.

Authorization of Consent to Treatment of Minor:

(I)(We), the undersigned, parent(s) of _____, a Minor, do hereby authorize Joseph Capo and Rainbow Ranch, hereinafter "Agent", for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all time that the Minor is in the presence of said Agent.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but not given to provide authorization and power on the part of our aforesaid Agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization shall remain effective through the _____ day of _____, 20____, unless sooner terminated in writing.

Parent: _____ Date: _____

Parent: _____ Date: _____