



Heart of Texas Equestrian Academy, LLC

2021 Summer Camp Registration

Please

1. Complete and sign this Camper Registration form and attached Riding Instruction Liability form
2. Include \$50 deposit to reserve a spot – this will be applied to the camp cost. *Contact us to pay with card
3. **Return Camper Registration form, Riding Instruction Liability form, and \$50 deposit to**

H.O.T. Equestrian Academy
Attn: HOTEA Camp
14245 N Hwy 6
Valley Mills, TX 76689

Camper Information

Full Name: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Camper's riding experience, if any: _____

Camper T-Shirt Size: Adult or Youth XS S M L XL

Parent/Guardian Information

Name: _____ Relation: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

2021 Camp Sessions

Levels 1 & 2 <i>Little or no horse experience.</i> <i>Walk/trot only.</i> \$300 <input type="checkbox"/> June 21 st – 25 th	Level 3 <i>Has horse experience.</i> <i>Can walk/trot/lope*</i> \$325 <input type="checkbox"/> July 26 th – 30 th <small>*Must be pre-approved. Contact us for more info</small>	Level 4 <i>Advanced camp – Invitation only!</i> <input type="checkbox"/> August 9 th – 13 th
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RIDING INSTRUCTION AND LIABILITY RELEASE FORM FOR INDIVIDUALS

This form must be completed by and for each participant.

PLEASE READ CAREFULLY BEFORE SIGNING. SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

Heart of Texas Equestrian Academy, LLC (H.O.T. Equestrian Academy), JWB Performance Horses, Jennifer Matthews Williams, and all heirs, family, employees, officers or contract laborers are hereinafter known as "THIS STABLE".

IT IS HEREBY AGREED AS FOLLOWS:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instructions as a student at THIS STABLE, and that student will either ride his or her own horse, or school horses provided by THIS STABLE for instructional purpose

2. That in the last two years student has ridden horses:

Rider's name _____ Less than 10 hrs___ 10 to 20 hrs___ 20 hrs or more___

3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3 ½ to 5 ½ feet. I understand these risks, and I voluntarily assume these risks and dangers.

4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to himself and others.

5. That I have been advised that students should wear a safety helmet while riding and around the stable to prevent horse related head injuries.

6. LIABILITY RELEASE: That I understand that, except in the event of THIS STABLE's wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on THIS STABLE's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall loose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily or property damage and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, and sponsors of THIS STABLE and their respective servants, agents, officers, and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.

7. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instructions at THIS STABLE.

Name of insurance company _____

Policy number _____

That I further understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills. **Listed on reverse side are the details of any allergies, ailments or handicaps a student may have, and of which THIS STABLE should be aware.**

8. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to THIS STABLE's rules.

WARNING

UNDER TEXAS LAW (CHAPTER.87, CIVIL PRACTICE 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.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT THIS DATE.

Print Rider Name

Rider Signature (if of legal age)

Date

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone(s) _____

Emergency Phone Numbers _____

Photo/Video Release Form

I, _____ (please print), grant permission to Heart of Texas Equestrian Academy, LLC, JWB Performance Horses, Jennifer Matthews Williams, Meaghan Carr, and all agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, the minor named below, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium in perpetuity. I hereby release Heart of Texas Equestrian Academy, LLC, JWB Performance Horses, Jennifer Matthews Williams, Meaghan Carr, and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I acknowledge that I am

☐ over the age of 18

☐ the legal guardian of the following rider(s): _____

Name: _____

Signature: _____ Date: _____