



# White Dog Ranch

9800 Main St

Potter Valley Ca 95469

707-743-9973

[www.whitedogranch.com](http://www.whitedogranch.com)

## Children's day camp registration:

Campers name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

T shirt size (for camp T shirt) \_\_\_\_\_

Camp dates \_\_\_\_\_

Full day camp \$300

Half day Camp \$150

How did you hear about our program? • Friends • Internet • Newspaper • Flyer

I have been on a horse:  yes  never

I have ridden: How many times? \_\_\_\_\_ Preferred riding style  English  Western

I can post to the trot:  yes  no

I can canter:  yes  no

I last rode: \_\_\_\_\_

What are your personal goals for this camp? \_\_\_\_\_

What special horse related topics would you like to have covered? \_\_\_\_\_

In order to assign you a horse and saddle, please give:

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**\$25 NON-REFUNDABLE DEPOSIT REQUIRED TO HOLD YOUR SPOT  
FULL PAYMENT REQUIRED ON THE FIRST DAY OF CAMP SESSION**

**THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY  
READ IT**

The undersigned states as follows.

I acknowledge that competitive and pleasure horse riding contains inherent risks of injury and damage to me personally, to the horse, and to my equipment. Knowing these facts, I freely assume all of the risks normally inherent in these activities, and, in consideration for your acceptance of this form and my being permitted to enter onto WHITE DOG RANCH property, hereby for myself, my heirs, executors and administrators, waive, release, discharge and hold harmless Angie Meroshnekoff and Stephen Meroshnekoff, individually and WHITE DOG RANCH, its owners, officers and all individual members thereof and all other persons and organizations in any way connected with the events, property, boarding, lessons or any other activity described herein, their representatives, heirs, executors, administrators and assigns, from any and all right, claim, or liability for damages or for any and all injuries that might be sustained by me, including injuries to animals, or from any and all claims of any kind or nature, whether or not well founded, that I might have as a result of or arising out of my participation any activity on the premises. Further, I do hereby acknowledge that this release will extend to any accidents, damages, or claims arising out of my participation in equestrian activities on or about WHITE DOG RANCH property caused by my own act or the acts of anyone or any animal within my control. I further agree that I will defend, indemnify and hold harmless Angie Meroshnekoff and Stephen Meroshnekoff, individually and WHITE DOG RANCH its owners and agents or any of them, against all claims, demands, and causes of action, whether or not well founded, including court costs and attorneys' fees, directly or indirectly arising from any action or other proceedings brought by or prosecuted for my benefit contrary to this release extending to all claims of every kind and nature whatsoever, whether known or unknown, and expressly waive any benefits I may have under Section 1542 of the California Civil Code relating to the release of unknown claims which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I understand and acknowledge the significance and consequence of this specific waiver of Section 1542, and hereby assume full responsibility for any injuries, damages or losses that I may incur from the above-mentioned participation in activities at WHITE DOG RANCH. This release shall be effective upon its signing and shall be and remain in full force and effect until revoked by an instrument in writing, signed by the undersigned and delivered to a responsible officer of each of the released parties

I HAVE READ, UNDERSTAND AND HAVE SIGNED THIS APPLICATION AND HOLD HARMLESS AGREEMENT FOR ENROLLMENT IN THE DAY CAMP HORSEMANSHIP PROGRAM.

We the undersigned, parents of for and in consideration of our child's participation WHITE DOG RANCH Children's Horsemanship camp state that we have read the waiver, release and hold harmless agreement written on page one and we expressly agree that the terms and conditions of said waiver, release and hold harmless agreement shall apply to and be binding upon us and our minor child insofar as it pertains to his or her participation and to any injury or damage said minor child or any horse may sustain or cause as a result of said participation. We further warrant we have health and accident insurance coverage for said minor.

I declare under penalty of perjury that the foregoing is true and correct.

MOTHER: print name \_\_\_\_\_

FATHER: print name \_\_\_\_\_

or LEGAL CUSTODIAN print name \_\_\_\_\_

I do acknowledge that I have read the foregoing paragraph and know and understand the content thereof.

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

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

PERMISSION TO TREAT FORM

EMERGENCY MEDICAL INFORMATION

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE CARRIER NAME & ID #: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

(In case of emergency)

MEDICATIONS: \_\_\_\_\_

ALLERGIES/ \_\_\_\_\_

ALLERGIC REACTIONS: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSONS TO CONTACT IN AN EMERGENCY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

MINOR CONSENT FORM

I, \_\_\_\_\_, do hereby give my consent to WHITE DOG RANCH and any of its employees or representatives to have my child treated by any physician or surgeon in case of sudden illness or injury while at WHITE DOG RANCH.

SIGNATURE : \_\_\_\_\_

PRINTED NAME : \_\_\_\_\_