



Roux Camp

Registration Form

Student's Name	
Age	
Parent / Guardian Name	
Mailing Address	
City, Zip	
Email Address	
Phone Number	
Any medical conditions or physical limitations (allergies, recent illness and/or surgery, asthma, medications needed)	
In the event of an Emergency	Contact Information
1 st Person Contact Name - Relationship 1 st Number 2 nd Number	
2 nd Person Contact Name – Relationship 1 st Number 2 nd Number	
In the event of immediate medical need hospital preference	

Assumption of Risk I UNDERSTAND THAT HORSES AND PONIES ARE UNPREDICTABLE AND DANGEROUS, THAT HORSEBACK RIDING IS A HAZARDOUS ACTIVITY AND THAT THERE IS INHERENT DANGER TO ME, THE HORSE AND EQUIPMENT INVOLVED IN THAT ACTIVITY. I HAVE INSPECTED THE AREA WHERE THE HORSEBACK RIDING WILL BE CONDUCTED. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF DAMAGES, INJURY, OR DEATH, AND VERIFY THIS STATEMENT BY MY SIGNATURE HERE: _____