**CAMP REGISTRATION 2018**

**QUESTIONS ABOUT THIS FORM? CALL (936) 635-8356**

**Please note your camp spot is not secure until we receive a deposit or full payment for your camper.**

* **Camp fees are only refundable if we fill ALL spots in the session you wish to cancel.**
* **We understand that campers for one reason or another may not be able to attend camp, but we cannot issue refunds due to injuries, illness, or change of family plans unless we fill every spot in your chosen session.**
* **You may pay by check, cash or money order**
* **We highly recommend camper insurance.**

**MAKE CHECKS PAYABLE TO:**

**LIVING WATER EQUINE SERVICES (LWES)**

**11056 FM 326**

**LUFKIN, TEXAS 75901**

**Registration Information**

NAME OF CAMPER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE\_\_\_\_\_\_\_**BIRTH DATE**(MM/DD/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MALE\_\_\_\_FEMALE\_\_\_\_\_HEIGHT\_\_\_\_\_\_WEIGHT\_\_\_\_\_\_\_Shirt Size\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSTAL ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAMES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**CELL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Card Number or Medical Insurance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate which dates you would like to attend.**

**Cost $45/day or $195 Per Week**

 **\_\_\_\_\_\_June 4 – June 8 start receiving children @ 7:30 am to 5:30pm**

 **\_\_\_\_\_\_June 11– June 15 start receiving children @ 7:30 am to 5:30pm**

**BY THE DAY:**

**\_\_\_\_\_ JUNE 4 \_\_\_\_JUNE 11**

**\_\_\_\_\_JUNE 5 \_\_\_\_JUNE 12**

**\_\_\_\_\_JUNE 6 \_\_\_\_JUNE 13**

**\_\_\_\_\_JUNE 7 \_\_\_\_JUNE 14**

**\_\_\_\_\_JUNE 8 \_\_\_\_JUNE 15**

**\*\*snacks and lunch provided**

**Camp Participant Release Form**

**VERY IMPORTANT!! WHEN YOU PRINT THIS OUT, THE RELEASE FORM IS NOT ALL ON ONE PAGE. A PARENT OR GUARDIAN MUST SIGN AND DATE EACH INDIVIDUAL PAGE THAT THE RELEASE PRINTS ON. THANK YOU.**

Release executed on the \_\_\_day of \_\_\_\_\_\_20\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The Releasor) and minor child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of (address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State)\_\_\_\_\_\_\_

(county)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to LIVING WATER EQUINE SERVICES and ALL agents.

Conditions of Registration: I, the parent/guardian of the above-named participant, release LIVING WATER EQUINE SERVICES Summer Camp, its owners, director, staff and agents from any loss, personal injury, accident, misfortune or damage to the above-named camper or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named camper. The camp director reserves the right to dismiss a camper who, in the opinion of the director, is a hazard to the safety and rights of others or who appears to have rejected the reasonable controls of the camp. No refund will be made for dismissals due to disciplinary action. Each camper must be covered by medical insurance. The parent/guardian certifies that the camper is in good health, normal in condition and habits, and is amenable to camp life. By signing this form the parent/guardian is giving the camp staff the right to obtain medical attention necessary for the campers welfare and good health. The parent/guardian is responsible for all costs incurred. I hereby give permission for my son/daughter to participate in the entire program, and permission for LIVING WATE EQUINE SERVICES Summer Camp to act in my behalf in case of sickness or emergency. I give permission to LIVING WATER EQUINE SERVICES Summer Camp to use any photograph or video of my child for promotional material and that my positive statements about LIVING WATER EQUINE SERVICES Summer Camp may be used as testimonials in materials publicizing the camp program.

I, The Releasor, in consideration of my minor son or daughter or self being permitted to participate in any LIVING WATER EQUINE SERVICES program, including but not limited to riding Lessons, riding camp, field trips, trail rides, games and swimming run and /or operated by the Releasee, WAIVE, RELEASE, AND DISCHARGE the Releasee, his/her heirs, executors, administrators, legal representatives and assigns from all liability for or by reason of any damage, loss, or injury to person and property, even injury resulting in death of myself or above named minor child, which has been or may be sustained in consequence of the Releasor’s participation or the participation of the Releasor’s child in the activity described about, and notwithstanding that such damage, loss or injury may have been caused solely or partly by the negligence of the Releasee. I hereby acknowledge and agree that I have carefully read this Waiver and Release agreement, and that I fully understand same, and that I am freely and voluntarily executing same. By signing this release I will be forever prevented from suing or otherwise claiming against the Releasee for any property loss or personal injury that I or the above mentioned minor may sustain while participating in or preparing for the above noted activity. I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this Waiver and Release agreement. I understand that this Waiver and Release agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives and assigns.

I acknowledge that my minor child does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent them from participating in the above mentioned activity.

This release contains the entire agreement between the parties to this release and the terms of this release are contractual and not mere recital.

 I acknowledge that all guarantees of horseback riding time are dependent on multiple variables that are out of the control of camp owners, employees, staff, volunteers, and associates. Ride time may be shortened due to inclement weather, horse illness, camper injury/illness, premature camper departure, and ride time may also be deducted as a discipline measure. I understand that LIVING WATER EQUINE SERVICES will do everything in its power to provide maximum ride time, but I agree to hold harmless all above mentioned parties in the event that the full amount of ride time isn’t completed.

In addition, I realize that many activities offered require a certain amount of study and physical ability by my camper and I give permission to LIVING WATER EQUINE SERVICES to assess the ability of my child and decide whether or not he/she may participate. This includes but is not limited to Cantering and Trotting.

 This Waiver and Release Agreement will be construed in accordance with and governed by the laws of the State of TEXAS, and it is acknowledged by the Releasor to be as broad and inclusive as permitted by the laws of this jurisdiction.

 Check this box if your child can participate in **ALL** activities with LIVING WATER EQUINE SERVICES. If box is **no**t checked, child **does not have permission to participate.**

**I HAVE READ AND UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEE(S).**

I have read and understand the contents of this application, including the Cancellation Policy, Payment Policy and Conditions of Registration. This application has my approval and consent:

The Releaser has executed this Waiver and Release at (City)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(County), Texas on the \_\_\_\_day of \_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Signature of Releasor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of camper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_