

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK
FOR ROCK-A-BYE RANCH

In consideration of the services of Rock-A-Bye Ranch, J2M Stables LLC. (hereinafter referred to as "RBR and J2M"), Madchen Giesler, Leslie Batistich, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Representatives"), I hereby agree to release, indemnify, and discharge RBR/J2M and any and all Representatives on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback riding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, RBR/J2M's Representatives have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in the activity. My participation in this activity is purely voluntary and I elect to participate despite the risks.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless RBR/J2M from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of RBR/J2M's equipment or facilities, including any such claims which allege negligent acts or omissions of RBR/J2M.
4. Should RBR/J2M or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against RBR/J2M, I agree to do so solely in the State of Nevada, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against RBR/J2M on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Dated

Participant Name

Participant Signature (Parent if Minor)

Dated

Participant Name

Participant Signature (Parent if Minor)

Dated

Participant Name

Participant Signature (Parent if Minor)



Health Release

Parent or Legal Guardian please fill out, sign & return in order to attend camp.

Name _____ Age _____ Weight _____ Height _____

Emergency Release Statement: In Case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by Rock-A-Bye Ranch to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, for my child named above. I, therefore, sign my signature:

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____

Insurance Company Name _____

Group, Plan or ID # _____ Name of Doctor _____

Parent/Guardian Cell Ph _____ Parent/Guardian Work Ph _____

Parent/Guardian Home Ph _____

Emergency Contact #1 _____ Relationship _____

Emergency Contact #2 _____ Relationship _____

Current on immunizations? Yes / No

Date of Last Tetanus _____

Religious/Health Exemptions? Yes / No

Is appendix removed? Yes / No

Is camper subject to asthma? Yes/No

Hay Fever? Yes / No

Diabetes? Yes / No

Convulsions/Seizures? Yes / No

Please describe any physical or mental limitations the student possesses which may require special care or treatment _____

Please list any allergies to drugs, insects, plants, animals, food, etc. _____

Any medications your child is taking? Include all directions concerning medications that your child may need _____

Any health/emotional/behavioral/dietary issues? _____

Please indicate if you do not want your child's photo used in future advertising or web site _____



LIST OF ITEMS NEEDED

Day Camp:

1. Riding helmet w/harness or bike helmet (Helmets are available for rent.)
2. Boots with a heel.
3. Long pants for riding, no shorts while riding.
4. Change of clothes for warm & cooler weather
5. Refillable Water bottle
6. Sunscreen
7. Sack Lunch



Camp Services Available (2024)

Please check the below items that you would like for your camp, return this form & payment at least one week prior to camp.

Camper's Name _____

Camp Date Attending _____

- Helmet Rental: \$20.00 for the 3 days

- Rock-A-Bye Ranch Summer Camp T-shirt: \$25.00
each

- 8x10 head shot of camper with their horse: \$25.00
each

Total Enclosed \$ _____