

Silver Fox Farms, LLC 520 Post Oak Road, Wimberley, TX 78676 (512) 847-2105

Horsin' Around Camp Registration & Release Form

NAME	AGE	BIRTHDATE
ADDRESS		
PHONE	_EMAIL ADDRESS	
EMERGENCY CONTACT & PHC	DNE	
Previous Riding Experience long	• • •	scribe what type & how

Camp Amount: \$365.00 Deposit: \$150.00 10% Discount for Multiple Weeks

Make checks payable to Silver Fox Farms

I/We herby indemnify and agree upon this release that as an owner, student, spectator, parent or other participant, I/We the undersigned will not hold Silver Fox Farms, LLC, it's Representatives, Employees, or anyone connected with the operation of Silver Fox Farms, LLC, responsible for any accidents or injuries sustained by me, my horse, heirs, representatives, or dependents.

I have been advised to purchase and wear protective, approved headgear at all times while around horses so as to limit horse-related injuries. I have been advised to purchase and wear appropriate heeled riding boots at all times while around horses to limit horse-related injuries. It is an agreed understanding that riding horses and horse related activities may be dangerous and that injury may occur.

Signing this release indicates that the rider or the rider's guardian carries adequate Medical Insurance, as Silver Fox Farms, LLC will assume no responsibility or liability.

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 hereby authorize Colleen Brombach or other representatives of Silver Fox Farms, LLC to act for me on my behalf in any emergency requiring medical attention. I understand that neither Colleen Brombach nor any representatives of Silver Fox Farms, LLC will assume any responsibility for accidents, medical, dental or other expenses incurred as a result of injuries sustained while on the property of Silver Fox Farms. LLC or away at shows.

By signing this, you are indicating acceptance of all responsibility.

RIDER/PARENTS	
SIGNATURE	

DATE

AUTHORIZATION FOR EMERGECNY MEDICAL CARE

I/We authorize Silver Fox Farms representatives to obtain medical treatment for my child, and I give consent for medical treatment in my absence. I am responsible for medical payments.

Parent or Guardian Signature	Date
Medical Insurance Compar	ny
Insured name	Phone
ID#	Group #
Plan #	
Dates attending camp	
Previous Riding Experienc	e If yes, please describe what type & how
long	