



2012 CAMP REGISTRATION FORM

SELECT SHOW HORSES
25109 Six Points Road
Sheridan, IN 46069
317-413-3485

www.selectshowhorses.com
sshsummercamp@gmail.com

Camper's Name: _____

Parents/Legal Guardians: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Daytime:/Cell Phone #: _____

Camper's Age: _____ Sex: _____ Date of Birth: _____

Allergies: _____

Special Needs: _____

Doctor's Name: _____ Phone #: _____

Emergency Contact Name and Phone: _____

Persons other than parents who are authorized to pick up child from camp:

Name & Phone Number:

Relation to Child:

_____/_____
_____/_____

Camper is attending the following camp(s):

Full Day Camps: (10:00 - 3:00) June 18 - 25 June 25 - 29
 July 16 - 20 July 23 - 27

Where did you hear about our camp? _____

WAIVER AND RELEASE OF NEGLIGENCE CONTRACT

Pursuant to Indiana Law: "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." Indiana Code 43-31-5-1

I/We understand that riding horses and associated activities involve the potential risk for injury. It is impossible to predict a horse's reaction to sounds, sudden movements, unfamiliar objects, persons, or other animals. Furthermore, there is the potential that during a horse activity another participant may act in a negligent manner that may contribute to the injury to the participant or other person. We further acknowledge that signage regarding Indiana's equine law is plainly visible in and around the equine establishment of Select Show Horses.

We hereby agree to waive, release and hold harmless Select Show Horses, its owners, officers, directors, employees, agents, instructors, trainers, veterinarians, farriers and independent contractors (hereinafter Select Show Horses) from any tort or civil liability resulting from any negligent acts, accidents, injury, theft or damages of any kind arising out of equine activities on their premises, at equine competitions, or during any activity under their supervision.

ALL RIDERS ARE REQUIRED TO USE SAFETY EQUIPMENT, ESPECIALLY HELMETS, AT ALL TIMES.
NO RIDER IS PERMITTED TO RIDE WITHOUT SUPERVISION OF SELECT SHOW HORSES STAFF.

If the student/rider is a minor, and medical care is required in an emergency, the undersigned parent(s) or guardian do hereby consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. The undersigned agrees to be responsible for all such medical costs. Every reasonable effort will be made at the time of an accident or illness to contact parents and guardians without delaying medical treatment.

We hereby state that we have carefully read the above and release and agree to be bound by it.

Signed: _____ Date: _____
(Parent or Legal Guardian)

**SEND FORMS AND PAYMENT TO: SELECT SHOW HORSES, 2622 FAUST
CT., CARMEL, IN 46033 OR EMAIL TO: SSHSUMMERCAMP@GMAIL.COM**