



Meadow Green

~ S T A B L E S ~

1727 Loudoun Rd, Winnipeg, MB, R3S 1A3
 Phone: 204-895-1911
 info@meadowgreen.com www.meadowgreen.com

Summer Camp Registration 2018

July 2nd – August 31st

Rider Information

Riders Name:		Home Phone:	Cell Phone:
Mailing Address:		Parent/Guardian Name(s):	
City:	Postal Code:	Birth Date: (YYYY-MM-DD):	
Email:			

Rider experience

Have you had any previous riding experience? Please X applicable areas:	<input type="checkbox"/> None	<input type="checkbox"/> Trail Riding	<input type="checkbox"/> Lessons at:
If you took lessons, describe your experience level:			

Weekly Camp Dates

Please indicate Full, AM, or PM beside your requested week(s)

July 2-6		July 9-13		July 16-20		July 23-27		July 30-August 3	
August 6-10		Advanced Week Aug 13-17		August 20-24		August 27-31			

Hours of Camp Operation:

Full Day: Monday – Friday 9:00 am – 4:00 pm
Half day: Monday – Friday 9:00 am – 12:00 pm **or** 1:00 pm— 4:00 pm

Payment Information:

To reserve your spot return registration form, waiver form, and payment by **cheque or e-transfer**.

Full Day	\$450.00 +GST	Total: \$472.50	Total:
Half Day AM or PM	\$225.00 + GST	Total: \$236.25	

For office use:

Date Received	Waiver	Payment #	Scheduled	Invoice #	Notes:



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Winnipeg, Manitoba
R3S 1A3

WAIVER OF CLAIM – READ CAREFULLY

In consideration of the undersigned being permitted to enter Meadow Green Stables and participate in any and all activities, the undersigned shall save harmless and keep indemnified Meadow Green Stables, its officers, agents, officials, organizers and representatives from and against all claims, actions, demands, and expenses whatsoever concerning death, injury, loss or damage to the undersigned by virtue of his/her participation at Meadow Green Stables howsoever caused and regardless of whether same may have been contributed to or occasioned by the negligence of the Meadow Green Stables, or any of them, their agents, organizers, officials, or representatives.

Meadow Green Stables will not be responsible for any accident, injury, damage, loss of or for any other matter that may happen from any cause or circumstance whatsoever, to clients, members of their families, friends and acquaintances.

It is understood and agreed this agreement is to be binding on myself, my heirs, executors and assigns.

I understand that working with and around horses can result in injury or death.

I _____, have read and fully comprehend this agreement.

(Print Name of Rider)

_____ Street City Province e-mail

_____ Phone Number Cell Number

(Signature of Rider if over 18)

For Riders Under 18

Signature of Guardian/Parent Name (Print Name)

This WAIVER OF CLAIM WAS READ, FULLY UNDERSTOOD, AND AGREED TO ON THE _____ DAY OF _____ (MONTH), 201____
I HAVE WITNESSED THE EXECUTION AND EXPLANATION OF THIS WAIVER OF CLAIM.

(Witness Signature) Print Name: _____ (Witness)