



2021 SUMMER CAMP REGISTRATION

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:			

Hours of Camp Operation:

FULL DAY CAMPS: 9:00 am - 3:30 pm • **HALF DAY AM CAMP:** 9:00 am- 12:00 pm
HALF DAY- PM CAMP: 12:30 am- 3:30 pm

Payment Information:

To reserve your spot return registration form, waiver form, and payment by **cheque or e-transfer** to info@meadowgreen.com using password "horses".

Full Day	\$650 + gst	TOTAL: \$682.50	Total:
Half Day AM or PM	\$ 350 + gst	TOTAL: \$367.50	

For office use:

Date Received	Waiver	Payment #	Scheduled	Invoice #	Notes:

Please check off the week, also if its full day, or half day, am or pm you wish to register

- | | |
|----------------------------------|------------------------------------|
| Week 1 - JULY 5 -9 _____ | Week 5 - AUGUST 2-6 _____ |
| Week 2 - JULY 12-16 _____ | Week 6 - AUGUST 9-13 _____ |
| Week 3 - JULY 19-23 _____ | Week 7 - AUGUST 16-20 _____ |
| Week 4 - JULY 26-30 _____ | Week 8 - AUGUST 23-27 _____ |



Meadow Green

~ S T A B L E S ~

1727 Loudoun Road
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.

_____ Print Name: _____
(Witness Signature) (Witness)