

Day Camp 2008 at the Lake Oswego Hunt Club

Please mail this completed form with payment to 2725 Iron Mountain Blvd. Lake Oswego, 97034



Date of Camp(s) Requested: _____

Second Choice if filled: _____

Name of Camp Preferred: _____

9am - 12pm

Club Member Discount

Non Refundable deposit of \$175 paid to reserve place in camp:

Check # _____

Two Hundred Dollar Balance Paid in Full before start of camp:

200
Check # _____

Rider's Name, Age: _____

Parent's Name(s) _____

Address: _____

City State, Zip _____

Telephone _____

In Emergency call: _____

Email _____

Riding Level

Never Ridden Before

Ridden a few times

Some Lessons

Competent walk/trot/canter

Hold Harmless and Emergency Medical Treatment Release:

I understand that the caring for and riding of horses are inherently dangerous activities. I understand that riding and working around horses may include mishaps such as falling off which may result in injury or death. I agree to indemnify and hold harmless LAKE OSWEGO HUNT CLUB INC., its assignees and employees from and against all claims and liabilities including incidental cost and expenses, for injury or death of any person or persons, or for loss or damage to any property, including but not limited to both vehicles and horses, arising from or in any way connected with the performance of services or the teaching provided by LAKE OSWEGO HUNT CLUB, its assignees or employees.

I state that my children participating in summer camp are appropriately covered by medical insurance.

Carrier: _____

I, the undersigned allow LAKE OSWEGO HUNT INC or its representatives to sign for treatment in any licensed medical facility. I also agree to be financially responsible for all treatment authorized by LAKE OSWEGO HUNT, INC. or its representatives. I further agree that a clear photocopy of this document shall serve the same purpose as the original.

Name(s) of Minor Child(ren) _____

Signature of responsible party _____ Date _____

Does your child have ANY Allergies, sensitivities, medications or special needs? We do recommend you discuss with your doctor the possibility of pre-medicating with non-drowsy formula antihistamines if your child has **any** known adverse reaction to animal hair, dust or hay.

Is there anything else you feel we should know about your child in a day camp situation?

May we use your child's photo in promotions, such as the website? yes no