

**Cherokee Springs Equestrian Center**

**2004 Girls Horse Camp**

Kimberlee Morrison and Rory Davis

101 Bryce Woodlands Ln. PO Box 606 Hatch, Utah 84735-0606 Phone 435-616-8464 Fax 435-735-4399  
cherokeespringshorses@yahoo.com

**Campers Information**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Under Any Medication \_\_\_\_\_ Known Medical Problems \_\_\_\_\_  
In Case of Emergency Contact \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)  
Doctor \_\_\_\_\_ Telephone \_\_\_\_\_ Hospital \_\_\_\_\_

**Parents Contact Information**

Fathers Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)  
Mothers Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NO RIDERS WILL BE ALLOWED ON OR AROUND ANY HORSES WITHOUT HAVING READ, SIGNED AND UNDERSTOOD THE INHERENT DANGERS THAT COULD RESULT FROM EQUINE HANDLING AND INTERACTION**

**Release from Liability**

\_\_\_\_ (Initial) I acknowledge that there are inherent dangers and risks in horse back riding and in interacting or working with horses. I realize that I / or my child could be injured, while engaging in horse back riding or while interacting or working with horses.

\_\_\_\_ (Initial) I release Cherokee Springs Equestrian Center / Kimberlee Morrison and/or Rory Davis also Cherokee Springs Golf & RV Resort / George Gautier, any of there employees or companies insuring them from any and all liability or responsibility for any injury to my self or my horse while participating in any and all schedule or unscheduled equine activities, or while with or around any horses. I agree to indemnify Cherokee Springs Equestrian Center, Kimberlee Morrison and/ or Rory Davis also Cherokee Springs Golf and RV Resort/ George Gautier any of there employees or companies insuring them. From any and all claims, demands, or liability which may be brought against them by others as a result of injuries sustained by my child, myself, or any animal while riding, interacting or working with horses.

\_\_\_\_ (Initial) I have been informed about protective riding gear and agree that it will be used while mounted. I understand that these protective items will be provided for me if I do not have them available.

\_\_\_\_ (Initial) I further acknowledge that Cherokee Springs Equestrian Center / Kimberlee Morrison and / or Rory Davis also Cherokee Springs Golf & RV Resort / George Gautier, any of their employees or companies that insure them make no representation or warranty expressed or implied about any protective and caution riders that serious injury may result despite the use of protective equipment as all equestrian activities involve inherent risk that no protective equipment can protect against all foreseeable injury.

At Cherokee Springs we work very hard to provide a SAFE environment how ever horses like all activities come with risks. All campers should show proof of Health Ins. Prior to arriving at Camp.

I acknowledge having read the Cherokee Springs Equestrian Centers Release of Liability in its entirety prior to signing this form.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Rider \_\_\_\_\_