



Kraus Farms Equestrian Center

333 Hillsboro Road, St. Louis MO 63049

Phone: 636-225-9513 Fax: 636-225-6628

Or, visit us at: www.krausfarms.com

2019 Summer Barnyard Camp Enrollment Form

Camper Contact Information:

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

T-shirt Size (circle one): Youth: XS S M L OR Adult: S M L

Age (as of 5/1/2019): _____

Emergency Contact Information:

Please list 2 emergency contacts:

Name: _____

Name: _____

Relationship: _____ Day Phone: _____

Relationship: _____ Day Phone: _____

Name of Physician: _____ Phone: _____

Insurance Carrier: _____

Preferred Hospital: _____

Insured's Name & ID#: _____

I, _____, agree to pay ANY medical costs and give permission for my child to be treated if I cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Please list ALL allergies and medical/mental conditions. This information MUST accompany this registration form: _____

Background:

How did you hear about us? _____

Have you previously attended a Kraus Farms Summer Camp?

Yes: If yes, most recent year? _____

No

Enrollment Guidelines – Please Read

- All campers must have the ability to follow and execute oral instructions.
- All camps are 5 days unless otherwise stated.
- Deposits are not refundable.
- Balances for all camps are due by May 1, 2019.
- Kraus Farms reserves the right to change or cancel any camp due to low enrollment.
- Confirmation of the camp reservation will be sent via email. We strongly encourage early registration to ensure your first choice.

Please indicate your Barnyard Camp selections on the other side of this page. Please note separate riding camp options for age 5-6 (Mini Buckaroo camps) and age 7-14 (all other camps) are available on our separate 2019 Summer Riding Camps form.

WARNING-

**UNDER MISSOURI 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 PURSUANT TO THE REVISED STATUTES OF
MISSOURI.**

FOR MORE INFORMATION CONTACT MISSOURI EQUINE COUNCIL

RIDERS NAME _____

GUARDIAN OR PARENTS SIGNATURE _____

DATE _____

OFFICE USE ONLY: Rec'd _____ Amt \$ _____ Ck# _____

Bal Rec'd _____ Amt \$ _____ Ck# _____

RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

By this agreement, made and entered this _____d a y of _____, 20____ by and b e t w e e n _____, who resides at _____, hereinafter referred to as "I", and KRAUS FARMS, INC. at 333 Hillsboro Rd. High Ridge, MO 63049, hereinafter referred to as "THIS STABLE".

IT IS HEREBY AGREED TO AS FOLLOWS: 1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at THIS STABLE, and that student will either ride his or her own horse, or school horses provided by THIS STABLE for Instructional purpose.

2. That in the last two years student has ridden horses (write student's name or names beside appropriate riding time.):

Less than 10 Hours Student's Name: _____

10 to 20 Hours Student's Name: _____

20 Hours or More Student's Name: _____

3. That parent or guardian and student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural Instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up In front, or to bite; that horses are ex- tremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3.1/2 to 5.1/2 feet. I understand these risks, and I voluntarily assume these risks and dangers.

4. That parent or guardian and student understands that upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE is not responsible for the results of the student's actions or inactions. The student further agrees to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to himself and others.

5. That I have been advised that students should purchase and wear a helmet or hard hat and to wear it in and around THE STABLE so as to prevent horse related injuries.

6. LIABILITY RELEASE: That I understand that, except in the event of THIS STABLE's want on and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on THIS STABLE's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse show, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage.

In consideration of being permitted to participate in all aspects of equine activity including but not limited to lessons, boarding, or riding, I understand that except for an intentional tort or gross negligence, I for myself or my legal ward, charge, person for who I am legally responsible, and personal property as well as personal representatives, my heirs, administrators and assigns, release, waive, discharge and covenant not to sue this stable and any of its officers, agents, servants, or employees, from all liability, all claims, all demands, all actions, and all causes of action, now or in the future, sustained by my person, or that of my child or ward, charge, person for whom I am legally responsible, and or property caused by the negligence of this stable.

The undersigned hereby expressly agrees that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the state of Missouri and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I further state that I have carefully read the foregoing General Release, know the contents thereof and have signed the General Release as _____ Initial

my own free act on behalf of myself and my personal representatives, heirs, administrators and assigns as well as my child or ward, charge, person for whom I am legally responsible, and or property.

7. That the student Is currently covered by accident medical insurance and will remain insured for the duration of all riding instruction at THIS STABLE

Name of insurance company is _____ Policy number is _____ That I further understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of Incurred bills.

8. That this agreement is entered into in the state of Missouri and will be interpreted and enforced under the laws of this state.

OFFICE USE ONLY: Rec'd _____ Amt \$ _____ Ck# _____

Bal Rec'd _____ Amt \$ _____ Ck# _____

9. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to THIS STABLE's rules attached as Exhibit "B" and Incorporated herein by this reference.

10. In order to be in the Kraus Farms Summer Camp and/or lesson program individual must possess the ability to follow and execute oral instructions.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT THIS DATE.

FULL NAME(S) OF STUDENT RIDER(S) IF UNDER AGE OR GUARDIANSHIP. 1.

AGE: _____

2. _____ AGE: _____

3. _____ AGE: _____

4. _____ AGE: _____

Listed on reverse side are the details of any allergies, ailments or handicap a student may have, and of which THIS STABLE should be aware.

STUDENT SIGNATURE: _____ DATE: _____

FULL ADDRESS: _____

HOME PHONE: _____ OTHER PHONE: _____

Parent/Legal Guardian signature required for all assistants under the age of 18.

PARENT/GUARDIAN SIGNATURE: _____

OFFICE USE ONLY: Rec'd _____ Amt \$ _____ Ck# _____

Bal Rec'd _____ Amt \$ _____ Ck# _____