

Dustin Freiheit Performance Horses

Capall Stables Summer Camp

Physical Address: 4804 Clearwater Trail Lonsdale MN 55046

Mailing Address: 4800 Clearwater Trail Lonsdale MN 55046

Phone: 507-259-5092 (Cell) 507-744-3862 (Barn) Email: lessons@dfperformancehorses.com

www.dfperformancehorses.com

_____ SUMMER CAMP

The summer camp date is _____ From 9 am to noon each day. Cost for the camp is \$250; a \$150 deposit is required to hold your reservation with payment due in full the first day of camp.

Attire requirements: Each Rider will need to wear long pants and closed toed shoes. Also required is a riding helmet – riders may bring their own or one will be provided for you to use. Dustin Freiheit Performance Horses will also provide a snack and juice. If rider has any food allergies they may bring their own snack. Riders should also bring a water bottle.

Waiver, Release and Indemnification Agreement

The undersigned hereby agrees to indemnify and hold harmless Dustin Freiheit, Dustin Freiheit Performance Horse, Capall Stables and all of their offices, employees and agents for any liability or claim of any kind, including attorney's fees incurred in defending any such liabilities or claims arising from the undersigned's riding or driving lessons on the premises whether such claim is brought by the undersigned or a third party.

IN WITNESS WHEREOF, the undersigned have set their hands on the _____ day of _____, 20____.

Participant: _____ **Age:** _____

Address: _____ **State/Zip:** _____

Phone #: _____ **Work/Cell:** _____

Signature: _____ **Relationship to rider:** _____

(Must be 18 yrs. of age to sign – if signing for minor, relationship must be listed)

UNDER MINNESOTA LAW

A participant in recreational activities (including equine activities) accepts the risks inherent in the recreational activity of which the ordinary prudent person is or should be aware. **MIN Stat 604A. 12**

Signature: _____ **Date:** _____

For office use – Date paid: _____ **Check #:** _____

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EMERGENCY CARD

FULL NAME _____

STREET ADDRESS _____

CITY _____ **STATE/ZIP** _____

HOME TELEPHONE # _____

EMAIL ADDRESS _____

EMERGENCY CONTACT INFORMATION:

MOTHER: Work #: _____ **Cell #:** _____

FATHER: Work #: _____ **Cell #:** _____

OTHER EMERGENCY CONTACT – NAME: _____

PHONE: _____

Indicate relationship to participant: _____

Permission to provide necessary treatment or Emergency care: I hereby give my permission to be treated for emergency and life threatening injuries; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for emergency situations. In the event that I cannot be reached, I hereby give permission to a trained medical personnel to secure and administer treatment, including hospitalization, for the above named person.

Signature of parent/guardian _____ **Date** _____

Where did you find out about us: _____

Please make checks out to Dustin Freiheit and mail to Dustin Freiheit 4800 Clearwater Trail Lonsdale MN 55046 Please Feel free to call with any questions or concerns

Thank you,

Dustin Freiheit