



To register your child just print and fill out this two-page registration form and mail it with your enrollment fee to:

Licking County Equestrian Center  
ATTN: Summer Camp  
12450 Flint Ridge Road SE  
Newark, OH 43056

Feel free to contact Chelsea with any questions or concerns!  
Phone: 740-323-HOOF



## Camp Registration Form



Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Height: \_\_\_\_\_ (ft) \_\_\_\_\_ (in)

Child's Shirt Size:  Youth M  Youth L  Adult S  Adult M

Parent's Names: Father/Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact in case parents cannot be reached:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs or Considerations: \_\_\_\_\_

Riding/Horse Handling Experience: \_\_\_\_\_

Please give any other information you think would be important for us to know so that we can ensure your child has a good camp experience.

We, the parents/guardians of above-listed child do hereby register our child for LCEC Day Camp and shall not hold the LCEC owners, employees, camp volunteers, or other camp participants responsible for accidents that occur while our child is attending camp. Payment in full accompanies this registration. We understand that campers must wear ATSM helmets (provided), long pants, and appropriate footwear in order to participate. In the event of an accident, we give LCEC owners, employees and camp volunteers permission to apply on-site first aid care, and/or to arrange transportation to the closest hospital to receive medical intervention until we arrive. **THE PARENT OR GUARDIAN IS RESPONSIBLE FOR HEALTH AND ACCIDENT INSURANCE. Please include a copy of both sides of your medical insurance card.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment:  Made Online  Check Number \_\_\_\_\_

**LICKING COUNTY EQUESTRIAN CENTER ("LCEC")**  
**12450 Flint Ridge Road SE**  
**Newark, OH 43056**  
**740-349-4663 (HOOF)**

**WAIVER OF LIABILITY**  
**Pursuant to R.C. 2305.321**

I understand that equine activities are inherently dangerous and that there are obvious and non-obvious risks. "Inherent risk of an equine activity" means a danger or condition that is an integral part of an equine activity, including, but not limited to any of the following:

- (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- (b) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- (c) Hazards, including, but not limited to, surface or subsurface conditions;
- (d) A collision with another equine, another animal, a person, or an object;
- (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

In exchange for my participation in equine activities, I accept those risks. I release the LCEC, including, but not limited to owners, trainers, guests, and other Equine Activity Sponsors and Professionals from liability due to ordinary negligence. I shall bring no claims, demands, tort actions, civil actions or other causes of action and/or litigation, against LCEC or anyone associated with LCEC for any economic or non-economic losses due to bodily injury, death, or property damage sustained by me and/or my minor child or legal ward and/or my horse in relation to LCEC, its premises or operation, while riding, handling, observing, or otherwise participating in any equine activity. Further, I shall indemnify and hold LCEC harmless for any such actions filed by my minor child, my guest, or anyone under my control or at LCEC at my invitation.

Equine Participant Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone:

( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Parent/Guardian Printed Name