

Kubicki Equestrian Center

Summer Camp 2011 Deposit and Release Form

Payment Policy:

Please enclose a \$100.00 deposit with this form. This will ensure your child's space in the Kubicki Equestrian Center Summer Camp Program. Please note the \$100.00 will be applied to the total camp cost of \$275.00. No refunds or credits will be issued of this deposit.

I, _____ understand the camp's policy that in the event of a withdrawal or dismissal from the camp for any reason, the camp fees will not be refunded.

Release of Liability:

The Undersigned assumes the unavoidable risks inherent in all horse related activities including but not limited to bodily injury and physical harm to horse, rider, or spectator. In consideration therefore for the privilege of riding and or working around horses at Kubicki Farms, LLC d/b/a Kubicki Equestrian Center located at 2675 Carriagegate Lane Maineville, Ohio 45039, the Undersigned does hereby agree to hold harmless and indemnify the Kubicki's, their management, property owners, heirs, employees and or volunteers and further release them from any liability or responsibility for accident, damage, injury, and or illness to the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

Pursuant to Ohio Revised Code 2305.321 persons engaged in the equine activities covered by the statute are not civilly liable and cannot be sued for injuries or damages which are sustained by another person who is also participating in an equine activity where the harm results from one or more of the "inherent risks" defined by the law.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Camper Name: _____

Camper T-Shirt Size: _____

Parent E-Mail for Camp Confirmation: _____

This form, along with a deposit of \$100.00, and the Emergency Contact Information Sheet must be completed and turned in to KEC in order to guarantee a space in the Summer Camp Program.

2675 Carriagegate Lane
Maineville, Ohio 45039

Phone: 513.398.3399

markandkathykubicki@gmail.com

Please make checks payable to
Kubicki Equestrian Center

Emergency Contact Information

In the event I cannot be reached in any emergency, I hereby give permission to the camp instructor to give permission to the selected physician to hospitalize, secure proper treatment of, and to order injection, anesthesia, or surgery for my child as named.

Child's Name:	
Child's Age:	
Parent's Name (Printed):	
Street Address:	
City, State, and Zip:	
Telephone Number:	
Emergency Number(s):	
Camp Date:	
Parent or Guardian's Signature:	

Please list any health concerns KEC should be aware of: _____

Previous Riding Experience	
If your camper has ridden at KEC before, please list the horses that your camper has ridden:	
Does camper have any riding experience, if so please explain:	
If your child takes lessons at KEC, please name your child's instructor:	