

Horse Camp Registration Form

Name—Camper (one per form)

Address

City State Zip

Phone

Gender Grade Age

Camp you would like to attend (name & date):

Cabin-mate Preference:

Emergency Contacts:

Name Relationship Day Phone

Name Relationship Day Phone

To process your registration,
this form must be completed for every camper:
Feel free to make copies.

Method of Payment:

- Check/Money Order
- Discover
- Visa
- Master Card



Amount of camp Deposit Balance Due

Credit Card # Exp. date

Name on Card Amount to Charge

Summer : \$100 Minimum Non-Refundable Deposit
School Year : \$50 Minimum Non-Refundable Deposit

Canyonview Camp
P.O. Box 128
Silverton, OR 97381
Local: (503) 873-8296
Toll Free: (888) 516-5655
Fax: (503) 873-8369
Email: info@canyonviewcamp.org

CANYONVIEW CAMP HEALTH & LIABILITY RELEASE

Name _____ M / F Age _____ Birthday _____ Weight _____ Height _____

Date of last boosters: Tetanus _____ Polio _____ Is appendix removed? _____

Is camper subject to: Asthma _____ Hay Fever _____ Diabetes _____ Convulsions _____

Any allergic reactions to drugs, insects, plants, animals, foods, etc., list any applicable: _____

Any specific health problems or diet restrictions? _____

Is camper under psychiatric care? _____ If yes, please obtain doctor's signed permission to attend camp.

Health insurance company & policy # : _____

Emergency Release Statement: In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by Canyonview Camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, for my child named above.

Unless I attach signed and dated instructions otherwise, by signing below I grant Canyonview Camp the right to use pictures taken of my child in their future brochures and advertisements.

I, therefore, sign my signature:

Parent / Legal Gaurdian : _____ Date: _____

Release and Hold Harmless Agreement for Equine Activities

The participant signing below assumes the unavoidable risks inherent in all horse-related activities, including but not limited to, bodily injury and physical harm to horse, rider, and spectator. In addition, the Participant is hereby provided notice that this facility allows breeding stallions, mares, gelding, and young horses in its facility. The Participant signing below assumes the unavoidable risks inherent in the riding, handling, and presence of such animals, including, but not limited to, bodily injury and physical harm to horse rider, and spectator. In consideration, therefore, for the privilege of riding and/or working around horses at Canyonview Equestrian Center & Camp, located at 12730 Finlay Rd NE, Silverton, OR, the Participant does hereby agree to hold harmless and indemnify Canyonview Equestrian Center & Camp and any of its employees, and further release each from any liability or responsibility for accident, damage, injury, or illness to the Participant, or to any horse owned by the Participant, or to any family member or spectator accompanying the Participant on the premises. If Participant is a minor, Participant is required to wear an approved riding helmet and must have Participant's parent or guardian sign this agreement. If Participant is 18 years or older and does not wish to wear an approved riding helmet, Participant must sign below to that effect.

Liability Statement

Oregon passed the Inherent Risk Bill (HB 2650) which pertains to equine activities. The law now states that those who choose to participate in equine activities assume an inherent risk. Horses, just because of their size and temperament, can cause injury without incurring a liability for the owner. That is, a horse may step on someone's foot., or buck when stung by a bee, and the owner is not liable. The primary responsibility of the owner is to provide a horse which matches the rider's ability, proved good tack, and remove any hidden or dangerous obstacles from riding areas.

Signature of Participant (or Parent/Guardian if under 18):

Print Name: _____ Phone: _____ Date: _____

Option for Over the Age of 18 Only

I fully understand that when working with, around, or riding horses there is an inherent risk involved; however, I do not wish to wear an approved riding helmet while participation in the horse-related activities at Canyonview Equestrian Center and Camp. I have read completely and understand this release and the Liability Statement of the Inherent Risk Bill (BH 2650). Signature: _____ Date: _____

Name & Date of Camp: _____

Rider Evaluation Form

Please print clearly and return promptly to ensure that you are assigned a horse that matches your riding ability.

Name _____ Age: _____ Weight: _____ Height: _____

Have you been to Canyonview before? _____ When/Why? _____

Have you been to another riding camp? Name: _____

Describe your riding ability in detail explaining everything you have learned (walk, trot, canter, 2-point, posting, jumping, etc.) _____

Which (if any) horses have you ridden here? _____

Do you want to ride Western or English when you come? _____

Would you like to bring your own horse? _____ There will be an \$8 per day stall fee.