

# Curiosity Stables

4425 Landisville Road . Doylestown, PA 18902  
(215) 348-8841 (215) 348-7221 F: (215) 348-0834



## Equestrian Registration Form

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you hear about Curiosity Stables? \_\_\_\_\_ Newspaper \_\_\_\_\_ Flyer \_\_\_\_\_ Other \_\_\_\_\_

Name of person referring you to the Curiosity Stables \_\_\_\_\_

**Parent 1 / Guardian** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer City and State \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent 2 / Guardian** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer City and State \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address (if different from child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Name of person paying tuition** (if other than parent) \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Emergency Contacts must be people other than parents and / or guardians:

**Emergency Contact 1** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_



**Authorized persons to pick up (in addition to parent / guardian / emergency contacts):**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**State Law requires that we have medical information on file:**

Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

**Do we have permission to:**

Give your child Tylenol / Advil / Benadryl, if needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Administer minor first aid? \_\_\_ Yes \_\_\_ No Seek Medical emergency care? \_\_\_ Yes \_\_\_ No

Use the school doctor (CB Pediatrics) in an extreme emergency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have allergies or special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Family Health Insurance Carrier \_\_\_\_\_

**Do you have experience riding?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Check the following skills you are comfortable with:**

\_\_\_ Walking \_\_\_ Trotting \_\_\_ Cantering \_\_\_ Jumping Cross Rails \_\_\_ Jumping Verticals

**Do you know your:** \_\_\_ Trot Diagonals \_\_\_ Canter Leads

**Scheduling for Camp and Private / Semi-Private / Group Lessons:**

**School Year:**

Starting date \_\_\_\_\_ What time will you pick up your child \_\_\_\_\_

Days attending (please circle) Monday Tuesday Wednesday Thursday Friday

Grade Level \_\_\_\_\_

For children attending during the school year: I authorize the Curiosity van to pick up my child from \_\_\_\_\_ (school name).

**Summer:** Weeks: / / 3 4 / / 7 8 9 10

Registration for the Summer requires \$35 non-refundable registration fee.

**Please note that we also need your child's general registration packet for our office records.**

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



# Equestrian Permission

ALL ADULT RIDERS OVER 18, OR CHILD'S PARENT OR GUARDIAN MUST READ THE FOLLOWING CAREFULLY.

## Protective Attire

1. I am hereby advised to wear an approved by ASTM or SEI well-fitted riding helmet with a harness strap fastened securely under the chin. If you do not own one, one will be provided for you.
2. I am hereby advised to always wear hard-soled, fully enclosed shoes or boots with a small heel. Long pants must also be worn while riding.
3. I am hereby advised that gloves should be worn during riding, but is not a requirement.

## The Horse

I am advised that horses are unpredictable by nature, with minds of their own, as are animals. Horses may become frightened and / or nervous from loud noises or something they have never seen before, just as a human would react. This is to advise the rider not to make loud noises or sudden movements around the horse.

I have read and understand the above concerning correct attire and the nature of the horse.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian for: \_\_\_\_\_



# Release of Liability

## PARENT / LEGAL GUARDIAN ON BEHALF OF MINOR CHILD

The undersigned acknowledges that he / she is the parent and / or legal guardian of \_\_\_\_\_, a minor child ("the minor child"), and that he / she has the authority to act on behalf of the minor child and to enter into this agreement which substantially affects the legal rights of the undersigned as well as his or her minor child.

The undersigned acknowledges that the minor child attend Curiosity Stables at Camp Curiosity and participates in the various programs and activities related to such enrollment. In consideration of the undersigned's request that his or her minor child be permitted to participate in Curiosity Stables at Camp Curiosity's instructional equestrian program, the undersigned acknowledges and agrees that:

1. Participation in activities related to horses, including but not limited to, being in the presence of, riding, grooming, and / or leading brings significant risk of injury and great harm, including but not limited to serious bodily injury, paralysis and even death. Educating oneself and acquiring special knowledge about how to handle horses and how to conduct oneself in the presence of horses may be useful, however, the undersigned acknowledges and understands that such knowledge and / or experience does neither reduce the risk nor serves to prevent the possibility of serious injury, including but not limited to serious bodily injury, paralysis and / or death. The undersigned agrees that if there is any special equipment required for the minor child's safety, and such equipment is not provided by Curiosity Stables at Camp Curiosity, the undersigned will comply and provide such equipment. The undersigned agrees to ensure that his / her minor child adheres to safety guidelines, practices and procedures concerning all aspects related to participation in the equestrian program, including but not limited to proper dress and safety equipment.
2. The undersigned knowingly and voluntarily assumes any and all risks, known or unknown, associated with the minor child's participation in Curiosity Stables at Camp Curiosity's equestrian program, even if such injury or harm results from the negligence of the undersigned, the minor child or any other third party. The undersigned agrees to accept all responsibility for any and all losses and / or injuries sustained by the minor child as a result of the minor child's involvement and participation in Curiosity Stables at Camp Curiosity's equestrian program.
3. The undersigned releases, indemnifies and holds harmless Curiosity Stables at Camp Curiosity, including but not limited to its officers, shareholders, members of the board of directors, affiliates, subsidiaries, related entities and organization, partners, agents, successors, assigns, employees, other program participants, sponsoring agencies, sponsors, advisers and / or owners of the premises used for the subject activities from any and all claims, demands, damages, causes of action, losses to other person or property, disability and / or death, resulting from or which may arise as a result of the minor child's participation in Curiosity Stables at Camp Curiosity's equestrian program, whether or not the injuries and damages result from the negligence of the minor child or any other person and / or entity.
4. The undersigned further acknowledges that if he / she violates the terms of this Release, he / she shall be responsible for any and all costs incurred by Curiosity Stables at Camp Curiosity and / or its affiliates, including but not limited to reasonable attorney's fees and costs of suit, to defend claims brought contrary to the terms stated herein.

**You assume the risk of equine activities pursuant to Pennsylvania Law. [www.pennsylvaniaequinecouncil.com](http://www.pennsylvaniaequinecouncil.com)**

THE UNDERSIGNED ACKNOWLEDGES READING AND UNDERSTANDING THE TERMS OF THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FULLY AND UNDERSTANDS THAT BY SIGNING THIS AGREEMENT HE / SHE HAS GIVEN UP SUBSTANTIAL RIGHTS ON HIS / HER OWN BEHALF, AS WELL AS ON BEHALF OF HIS / HER MINOR CHILD, SPOUSE, HEIRS AND / OR PERSONAL REPRESENTATIVES AND THAT THIS AGREEMENT IF SIGNED VOLUNTARILY AND WITHOUT INDUCEMENT.

Intending to be legally bound, the undersigned sets his / her hand and seal on the date stated below.

**Parent / Legal Guardian of Minor Child:**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)