

2012 Summer Daycamp Entry Form

Child's name: _____

Parent's name: _____

Does this child have any medical or behavior conditions that Country View staff need to be aware of?

YES NO

If yes, please describe: _____

Phone and address to contact in case of emergency:

Alternative emergency contact person and phone:

I understand that Wisconsin state statute 895.481 provides a civil liability exemption for people involved in equine activities and states that: **A PERSON WHO IS ENGAGED FOR COMPENSATION IN THE RENTAL OF EQUINES OR EQUINE EQUIPMENT OR TACK OR IN THE INSTRUCTION OF A PERSON IN THE RIDING OR DRIVING OF AN EQUINE OR IN BEING A PASSENGER UPON AN EQUINE IS NOT LIABLE FOR THE INJURY OR DEATH OF A PERSON INVOLVED IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OR EQUINE ACTIVITIES, AS DEFINED IN SECTION 895.481 (1)(E) OF THE WISCONSIN STATE STATUTES.**

I agree to follow Country View Equestrian Center rules and obey any instructions given to me by Country View staff.

Child's signature: _____

Parent/Guardian Signature: _____

CVEC staff Signature: _____

PLEASE CIRCLE CAMP(S) YOU ARE ATTENDING

June 25-28, July 2-3 & 5-6, July 23-26, Aug 6-9, Aug. 20-23