

# Brightwood Ranch Ride-A-Thon

## 2012 Rider Registration

### General Information:

Name \_\_\_\_\_

If under 15, Name of adult you will ride with \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Code \_\_\_\_\_ Phone (home) ( ) \_\_\_\_\_ (sch/office) \_\_\_\_\_

Email Address: (if applicable): \_\_\_\_\_

Accommodations:  Yes I would like to stay at the ranch on Friday night

cabin  I have a trailer

No I will not stay at the ranch Friday night

Will let you know if I will stay there

Supper Meal: I will be staying for supper Yes No

**Emergency Contact Person** \_\_\_\_\_

Address \_\_\_\_\_ City/Prov. \_\_\_\_\_

Code \_\_\_\_\_ Phone (home) ( ) \_\_\_\_\_ (work) ( ) \_\_\_\_\_

I will go on the short ride—3 hours  I will go on the long ride—5 hours  not sure

Yes I will need to book a camp horse to ride

Riding experience if using one of the ranch's horses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This is my first time on the ride

**\*\*\*Please return this page to our office as soon as possible. When you have returned this page, you will be sent your donation book.**

By MAIL: PO Box 277 Evansburg, AB T0E 0T0 By FAX: (780)727-2585

If I win the colt as a grand prize, I am willing to accept responsibility for it the day of the ride or within a week of the ride ending. Yes No (circle one)

**BRIGHTWOOD RANCH**  
WAIVER AND CONDITIONS OF PARTICIPATION

1. I understand and acknowledge that no amount of caution, experience, or instruction can eliminate all of the risks involved and I freely accept and fully assume all such risks, dangers, and hazards and the possibility of injury, death, property damage and damages or loss resulting therefore from any activity that I take part in at the ranch.
  
2. While every precaution is taken for the safety and good health of our campers, **BRIGHTWOOD RANCH**, its directors and staff members, volunteers, or the employees of facilities outside of the camp-grounds are hereby released from any and all liability in the event of an illness, accident or misfortune that may occur to the applicant camper. Each camper must be covered by Provincial Health or equivalent medical insurance.
  
3. I am aware that activities involving horses involve many risks, dangers and hazards and also of unpredictability of horses and therefore I accept the responsibility for whatever may happen including but not limited to:
  - a. Animals which may bite, kick, buck, jump, run, or step on people
  - b. Horses which may collide with other horses or objects
  - c. Negligence of other riders or my own failure to ride safely
  - d. Equipment which may fail
  - e. Weather conditions which may change and the nature of the terrain
  - f. Negligence on the part of the owner or their staff
  
3. If any family members who are under 18 are on the ride with me, I accept full responsibility for them as well.
  
4. Those under the ages of 18 will be required to wear a riding helmet. Those age 18 and over, may choose to wear a helmet which the instructor and administration recommends. I choose to not wear a helmet, and accept the responsibility that goes with that choice.  

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5. I give permission for any pictures/slides of my self taken during camp to be used for promotional purposes including videos and brochures.  
 yes     no
  
6. I have read this form and I accept these conditions.

\_\_\_\_\_

Date:

\_\_\_\_\_

Signature

Print Name