

## Volleyball Horseback Registration Form

Campers **MUST** register for activities two-weeks prior to the session during which the activity is held to guarantee a place. If space is available registration will be accepted up until 3 pm on the first day of the session during which the activity is held.

**Full payment must accompany this registration form. Forms submitted without payment will not be processed.**

Camper's Name \_\_\_\_\_

*Please check session you are registering for:*

On-site Horseback Trail Ride: \$40.00\*

- Session 1
- Session 2
- Session 3
- Session 4

**I give permission for the above-named camper to participate in this activity in the session I have selected. I understand that I will not be issued a refund if my child or I decide not to participate in the activity after the first day of the session in which the activity is held.**

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Parent/Guardian/Participant (if over 18) Signature

Date

**\*Horseback Trail Ride is an optional on-site activity that lasts approximately 1½ hours. The signed release form on reverse is also required for the horseback riding activity.**

### Horseback Trail Ride Description

#### Horseback Trail Ride –

Campers can ride across our 1,000 acres. Gentle, responsive, clean horses and a required helmet make this a safe, fun experience. A trail ride is offered once per session for a \$40.00 fee. **Please note – the signed release form on reverse of this form is required for this trip.**

**Please Note:** There will be no refunds for Horseback Riding. Once registered for the horseback riding lesson that spot is no longer available. If a child decides not to ride once he/she is at camp, this prevents scheduling another camper in that time slot.

See Reverse

HORSEBACK RIDING PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK  
Volleyball Camp

Camper's Name: \_\_\_\_\_

In consideration of the horseback riding services provided by New York YMCA Camp a branch of the YMCA of Greater New York, their agents, officers, participants, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "N.Y.Y.C."), I hereby agree to release and discharge N.Y.Y.C., on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that horseback trail rides and lessons entail unknown and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
  - *The risks include, among other things, injury to life or limb resulting from a fall, bite, collision, stumble, or spooked animal caused by loss of rider- or counselor-control of the horse; collisions with other horses, vehicles, persons, animals, plants or inanimate objects; latent or apparent defects or conditions in equipment, animals or property; acts of other participants, observers, passers-by or counselors in the course of the riding exercise; adverse weather conditions; my own or my child's physical condition or acts of omission or carelessness; the condition of remote roads, trails, paths, waterways or terrain and accidents connected with their use; first aid, emergency treatment or other services rendered; consumption of food or drink.*
  - *Furthermore N.Y.Y.C. guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.*
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless N.Y.Y.C. from any and all claims, demands or causes of action, which are in any way connected with my participation in this activity or my use of N.Y.Y.C.'s equipment or facilities, including any such claims which allege negligent acts or omissions of N.Y.Y.C.
4. Should N.Y.Y.C. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions that could interfere with my safety in this activity, or else I am willing to assume – and bear the cost of – all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against N.Y.Y.C., I agree to do so solely in the state of New York, and further I agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST N.Y.Y.C. ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED THEM HEREIN.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTAND IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Signature of Participant: \_\_\_\_\_

Print Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under age of 19)

In consideration of \_\_\_\_\_ (print minor's name)("Minor") being permitted by N.Y.Y.C. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless N.Y.Y.C. from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

See Reverse