

**ALL THE KING'S HORSES
2010 Day Camp Registration Form**

Camp Date: _____

Name of Participant: _____ Birth date: ___ / ___ / ___

Male: _____ Female: _____ Age at time of camp: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Participant's Parents/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ E Mail: _____

Father's work: _____ Father's cell: _____

Mother's work: _____ Mother's cell: _____

Emergency Contact (other than participant's parents/guardian): _____

Relationship to Participant: _____ Phone: _____

Participant's Doctor: _____ Phone: _____

Allergies: Yes / No If so, note them here: _____

List medications and instructions for any medications to be taken while at camp: _____

List any medical conditions limiting full participation in camp activities: _____

Note the Participant's experience with horses (include: riding lessons? how many? where? How long ago? Any bad experiences? What level of riding? Walk, trot/jog, canter/lope independently? On trails or in an arena?). Use the back of this page to give details.

REGISTRATION: A \$50 nonrefundable deposit will reserve your 'spot' at camp...

Registration is not complete until this registration form, the LIABILITY RELEASE/AUTHORIZATION form, the EMERGENCY CONSENT form, and the total camp fee has been submitted prior to the start of camp.

Please make check payable to: All The King's Horses
Send completed forms and check to: Linda Driesbach, 21211 West FM 1097 Rd., Montgomery, TX 77356

Questions: Contact Linda at (281)703-0870 or
email at ldriesbach@yahoo.com (Please note 'ATKH Camp' in the email subject line)

Stable Liability Release and Indemnity Agreement

The undersigned individuals and/or parents/legal guardians of the minors listed below (hereinafter known as PARTICIPANT (S)) desire(s) to be on premise at property owned by Dennis R. and Linda J. Driesbach and located at 21211 West FM 1097 Rd., Montgomery, TX 77356 (hereinafter known as "STABLE"). The undersigned understands that horses are an integral part of the activities held at this STABLE and that at any given time any or all aspects of caring for, boarding, breeding, training, riding and instruction in riding of horses can take place.

In consideration of being afforded the opportunity to be on STABLE premises or to attend in any capacity, such as observer or participant, in any activity held on this property, the undersigned on behalf of themselves and/or as legal guardian of the minor children listed below agrees to indemnify **Moku Ola Ranch, All the King's Horses, and/or Linda J. and Dennis R.**

Driesbach, their family, employees, agents or assigns, affiliated organizations, and insurers, and others acting on their behalf (herein after, collectively referred to as "associates") and hold them harmless of and from any and all claims, demands, suits, liabilities, or causes of action and legal liability whatsoever, whether the same be known or unknown, anticipated or unanticipated, including cost and attorney's fees for losses of or damage to property of any kind, and for any injuries to, or death of any person or persons in any manner relating directly or indirectly to activities and operations associated therewith whether on or off the premises of this STABLE, or due to THIS STABLE'S and/or IT'S ASSOCIATES ordinary negligence or legal liability. Any disputes by any Participant and/or Parent/Legal Guardian shall be litigated in, and the venue shall be in, the county in which THIS STABLE is physically located.

The undersigned acknowledges that horses are powerful and unpredictable animals and that horseback riding and being around horses are inherently dangerous activities involving risks, conditions and dangers, all of which the Participant and/or Legal Guardian/Parent agrees to assume.

PROTECTIVE HEADGEAR / HELMET WARNING I / WE AGREE THAT: As PARTICIPANTS I for myself and on behalf of my child (children) and/or legal ward have been fully warned and advised by THIS STABLE that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F1163 Equestrian Helmet, should be worn while riding and/or driving and/or training and/or being near horses, and I understand that the wearing of such headgear/helmet at these times may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as a result of a fall and other occurrences. I am NOT relying on this stable and/or its associates to provide a certified helmet for me or to check any headgear/helmet or headgear/helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.

NOTICE: THIS IS AN EQUINE FACILITY. All activities on these STABLE grounds are subject to the Equine Inherent Risk Law. By your presence on these grounds you have indicated that you have accepted the limits of liability resulting from inherent risks of equine activities.

Under Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. Added by acts 1995, 74th Leg., ch.549 g l eff. September 1, 1995

PHOTO RELEASE I/WE RELEASE: all rights to photos taken of you or the below mentioned for future use by the STABLE and/or by its ASSOCIATES in ranch publications, videos, books, newsletters, etc.

Property Owners Dennis and Linda Driesbach join herein as the indemnified party to acknowledge acceptance of this indemnity and to confirm that in the absence of this Agreement, the undersigned indemnifying party would not be allowed to attend in any capacity, observe, ride or participate in any activities and/or be allowed on the premises of this STABLE.

Participant(s): (A minor is anyone under 18)
And Minor Children's Full Names and Birth dates: (Note N/A in blank if not applicable)

Signature of Participant
 Required for anyone 13 and over

_____/_____/_____, _____/_____/_____
 _____/_____/_____, _____/_____/_____

Executed this _____ day of _____, 2010

Signature of Adult Participant or Minor's Parent/Legal Guardian
 (Minor = anyone under 18)

Property Owner's Signature

Participant's/Parent or Guardian's Printed Name

Dennis or Linda Driesbach
Property Owner's Printed Name

Participant's Signature (Age 13 and over)

Participant's Complete Address (street address, city, state, zip code)

_____/_____/_____
Participant's: Home Phone _____ Mobile Phone _____ Email _____

EMERGENCY CONSENT FORM
For Emergency Medical, Dental, or Surgical Treatment for Minor Child

My name is _____ . I am the (mother) (father) (legal guardian) of _____, a minor child and riding participant and/or observer of activities at All The King's Horses. Those activities are being held mainly at Moku Ola Ranch a facility owned by Dennis and Linda Driesbach. Moku Ola Ranch is located at 21211 West FM 1097 Rd., Montgomery, TX 77356.

I hereby consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is deemed reasonably necessary to save the life of the minor child named above or to restore the child to health.

Name of Insurance Company _____ Policy Number _____

I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

EMERGENCY PHONE NUMBERS:

Phone #	Person to Contact	Phone #	Person to Contact
_____	_____	_____	_____
_____	_____	_____	_____

(signed) _____ date) _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, in the year 2010.

_____ Notary Public in and for the State of Texas.

My commission expires: _____.