



RR 8-24-6 Lethbridge, AB T1J 4P4  
 Phone: 403-328-2165 Fax: 403-317-0235  
 E-mail [programs@ltra.ca](mailto:programs@ltra.ca)

## 2017 Summer Riding Camps

Do you have son or daughter that needs something to do this summer? Besides sit on the couch and play video games! Why not send them to LTRA's Summer Riding Camp. They will meet new friends, have fun and learning at the same time.

**Camps run Tuesday to Friday 10 am to 4 pm - NO Drop off more than 15 minutes early.**

Camp #	July 4th - 7th	Registration due before July 1 <sup>st</sup>
Camp #2	July 11 <sup>th</sup> - 14th	Registration due before July 1 <sup>st</sup>
Camp #3	July 18 <sup>th</sup> - 21st	Registration due before July 1 <sup>st</sup>
Camp #4	July 25 <sup>th</sup> - 28th	Registration due before July 1 <sup>st</sup>
Camp # 5	August 1 <sup>st</sup> - 4th	Registration due before July 22 <sup>nd</sup>

### Registration:

Registration forms may be faxed or mailed to the LTRA. **Payment of camp must be made prior to July 1<sup>st</sup> to insure your spot for July camps and August 1st for August camps.** Camps will fill quickly; we suggest registering as soon as possible!! A waiting list will be kept for each camp once that camp is full.

Use of LTRA horse and tack..... \$290.00  
 ADD membership (insurance) fee, pay once a year: Individual \$30.00      Family \$65.00

**\*\*\* \$40 discount for registration fees received prior to June 27<sup>th</sup> for all camps \* \* \***

### Cancellations:

A prorated refund will be issued to individuals cancelling during camp for medical reasons. Eligibility: These camps are for any able bodied person that is **6 to 14 years old** who wish to learn about horses.

### Camp Information:

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|---|--|
| ✓ NO DROP OFFS BEFORE 9:45 am                                 | ✓ Camps are designed to facilitate riders of all abilities |
| ✓ No Sandals or cell phones                                   | ✓ Extra drinks and sun screen if hot outside               |
| ✓ Helmets and Boots provided                                  | ✓ Most important to have fun and make new friends          |
| ✓ Must wear long pants  |  |
| ✓ <b>Bring own lunch PLEASE NO PEANUTS OR PEANUT PRODUCTS</b> |  |

**\*\* If you or someone you know would be interested in helping out with the camps please give us a call at 403 328 2165\*\***

**Registration Form (Please use separate form for each rider)**  
**No telephone registrations. Fax, mail or email forms only please.**

Rider's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ A.H.C. # \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Have you ridden a horse before? Yes \_\_\_ No \_\_\_ Walk \_\_\_ Trot \_\_\_ Lope \_\_\_

How long have you been riding and how often? \_\_\_\_\_

**Camp Selection (please circle): Camp #1 Camp#2 Camp#3 Camp#4 Camp#5**

In case your first choice of camp is full please indicate your second choice. \_\_\_\_\_

Registration Fees:.....	\$	<u>290.00</u>
2017 Membership (\$30 individual/ \$65 family).....	\$	_____
Subtotal.....	\$	_____
Less Discount for early registration (\$40) received by June 27.....	\$	_____
Total Amount Enclosed.....	\$	_____

**\*Please make cheques payable to Lethbridge Therapeutic Riding Association or LTRA\***

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**Waiver Form for Lethbridge Therapeutic Riding Association  
RELEASE, WAIVER OF CLAIM, AND ASSUMPTION OF RISK WARNING**

The Lethbridge Therapeutic Riding Association will be referred to as "LTRA".  
The undersigned acknowledges that equine activities undertaken at the facility and grounds of Rainbow Riding Center (the facility at LTRA) have inherent risks.

The LTRA will endeavour to provide reasonable services and to act reasonably, although the LTRA is not able to assure you that the services they, or anyone else at the LTRA facility provides or the horses and animals at the LTRA, will meet your needs or provide a trouble free or risk free experience. The undersigned releases the LTRA, its agents and employees from all liability and waives, as against the LTRA its agents and employees all recourses, causes of action or claims of any kind for loss or damages, including any consequential loss or damage, and voluntarily accepts the legal risk, thereby expressly giving up any right of action from the physical risk arising from any actions initiated by the undersigned or, by anyone who is not affiliated with the LTRA, who is acting on the undersigned's behalf.

The undersigned further acknowledges and agrees that:

Equestrian activities can be very dangerous and expose all participants to many risks and hazards, some of which are inherent in the very nature of the sport.  
As a result of the aforementioned risks and hazards, I may suffer personal injury, property loss or even death as a result of my presence and actions of the facility of the LTRA and any activities I engage in with the LTRA, or in or around the LTRA facility. Some of the risks and hazards are a foreseeable, but many others are not.

I nevertheless, freely and voluntarily assume all possible risks and hazards and acknowledge that my use of the facilities at LTRA, while participating in any activities, shall be entirely at my own risk, or at the risk of those for whom I am a guardian or caregiver. I understand that LTRA its agents and employees do not assume any responsibility or liability whatsoever for my actions while I am engaged in any of the activities or using any of the facilities in any way. I have carefully read this Release, Waiver of Claim and Assumption of Risk, and declare that I understand it and that I am freely and voluntarily executing it.

By signing this Release, Waiver of Claim and Assumption of Risk Warning, I will be FOREVER PRECLUDED FROM SUING OR OTHERWISE CLAIMING AGAINST LTRA its agents and employees for any loss or damage or injury or death I may sustain as a result of my own actions. I understand that the LTRA will not permit me to use the facilities now or in the future at the Rainbow Riding Center unless I sign this Release, Waiver of Claim and Assumption of Risk Warning. This Release, Waiver of Claim and Assumption of Risk are binding upon myself, my heirs, my executors, administrators, personal representatives, assigns.

**Dated:** \_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
(Signature of Arena user or Legal Guardian)

\_\_\_\_\_  
(Witness)  
Printed Name of Witness \_\_\_\_\_

\_\_\_\_\_  
(Printed name of Student/Rider)

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