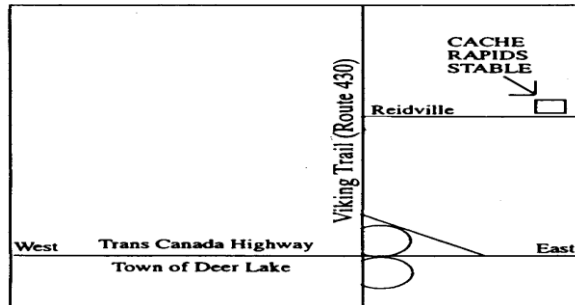


# How To Find Us:

- Exit Trans Canada Highway at Exit 16 in Deer Lake
- Travel North on Route 430 past the Nfld. Insectarium
- Exit Route 430 (Viking Trail) to Reidville (first paved road on right)
- Drive 6 1/2 km on Reidville Road (Main Road).
- Cache Rapids Stable is located at the end of Reidville Road.
- Directional signs are posted on Route 430 and 1/2 km. before stable.



# CACHE RAPIDS STABLE

## 2022 WEEKEND HORSEBACK RIDING CAMPS FOR GROUPS – GUIDES, PATHFINERS, BROWNIES AND OTHER SPECIAL GROUPS

Our **Weekend Horseback Riding Camps** offers fun, activity and excitement. Includes mounted lessons, stable management and sound equitation skills daily. Western style riding. Expose your child to a safe and challenging experience with positive guidance, which promotes competence and confidence. Includes meals, bunkhouse accommodations, activities and a Horse Show and/or Trail Rides.

Beginners will learn the basics of caring, grooming and riding horses. Instruction and skill development will be a major part of this program. Riding helmets are provided.

### TWO DAY/ TWO NIGHT WEEKEND HORSE CAMP

Participant Registration Fee: \$ 245.00

Leader Registration Fee if not riding: \$ 150.00

### ONE DAY/ ONE NIGHT WEEKEND HORSE CAMP

Participant Registration Fee: \$ 145.00

Leader Registration Fee if not riding: \$ 90.00

**MINIMUM OF 6 CHILDREN REQUIRED**

Name of Group: \_\_\_\_\_ Camp Date(s) \_\_\_\_\_

#### ATTENDEE INFORMATION:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

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

Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: d \_\_\_\_\_ m \_\_\_\_\_ y \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Relationship \_\_\_\_\_

Child lives with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

Guardian Address (if different): \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (business) \_\_\_\_\_

Emergency Number during camp: \_\_\_\_\_

**For Information and Reservations, Call (709)635-5224**

Email: [horse@nf.sympatico.ca](mailto:horse@nf.sympatico.ca) [www3.nf.sympatico.ca/horse](http://www3.nf.sympatico.ca/horse)

Or Write To: **Cache Rapids Stable**

255 Reidville Road

Reidville, NL A8A 2Y3

**ATTENDEE MEDICAL INFORMATION**

ANY ALLERGIES TO FOOD OR DRUGS OR BEE STINGS	YES___ NO___
IS MEDICATION REQUIRED AT CAMP	YES___ NO___
ARE ALL VACCINATIONS UP TO DATE	YES___ NO___
HISTORY OF CONCUSSIONS	YES___ NO___
FAINTING EPISODES DURING EXERCISE	YES___ NO___
EPILEPTIC	YES___ NO___
WEARS GLASSES	YES___ NO___
ARE LENS SHATTERPROOF?	YES___ NO___
WEARS DENTAL APPLIANCE	YES___ NO___
HEARING PROBLEM	YES___ NO___
ASTHMA	YES___ NO___
TROUBLE BREATHING DURING EXERCISE	YES___ NO___
HEART CONDITION	YES___ NO___
DIABETIC	YES___ NO___
WEARS MEDIC ALERT BRACELET OR NECKLACE	YES___ NO___
SURGERY IN THE LAST YEAR.	YES___ NO___
HAS BEEN HOSPITAL IN THE LAST YEAR	YES___ NO___
HAS HAD INJURIES REQUIRING MEDICAL ATTENTION IN THE PAST YEAR.	YES___ NO___
DATE OF LAST TETANUS? _____	

Please give details if you answered "yes" to any of the above items:

Has the Applicant any Physical, Mental, Social, Emotional or Behavioral weakness or disability about which the Stable Director should know, or that will require attention? (e.g. seizures, ADD/ADHD etc.) YES\_\_\_ NO\_\_\_ IF YES, please state \_\_\_\_\_ and attach a full note of explanation from Parent, Guardian, Social Worker, or Doctor. (We must know this to better help the child enjoy their time at camp.)

FAMILY DOCTOR: \_\_\_\_\_ Phone: \_\_\_\_\_

Provincial Health Card Number (MCP): \_\_\_\_\_

If from outside Newfoundland give details of Medical or Accident Insurance coverage. \_\_\_\_\_

If we feel the applicant's medical condition necessitates it, we will require a letter from your Doctor stating that he/she is capable of attending camp.

**CONDITIONS OF ENROLLMENT**

1. The Stable Director reserves the right to dismiss a camper who, in his opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the Stable.
2. The parents or guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated, in writing, to the Stable, including a photocopy of the section of a court order referring to visitation rights.
3. While every precaution shall be taken to ensure the good welfare and protection of the camper, Cache Rapids Stable, its owners, staff members, employees, or facilities, outside the stable grounds, are hereby released from any and all liability in the event of any accident or misfortune that may occur to the attendee.
4. In the event that an attendee requires special medication, x-ray, or treatment beyond that which is possible at Cache Rapids Stable, the parent will be notified immediately and will be responsible for any additional expense for additional care or transportation.
5. In case of surgical emergency, I hereby give my permission to the physician selected by the Stable Director to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for my child named on this application. There is no charge for minor medical attention performed by Stable Staff. In case of serious accident or illness, however, required X-Rays, special drugs, the services of a hospital, Physician, Dentist, or other related services, the charges will be made to the Parent or Guardian.
6. The parents/guardians hereby agree to reimburse the Stable for any property damage caused by the applicant camper.
7. I give permission for Cache Rapids Stable to use any photograph of my child in promotional materials.
8. I have read all of this application form and I accept the conditions of enrollment.

Attendee's Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In entering into this Agreement, I am not relying on any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

*I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND/OR REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2022

**Vald January 1, 2022 to December 31, 2022**

\_\_\_\_\_  
Name of Customer      Date of Birth      Signature of Customer  
(a parent or guardian must sign for children under the age of 19).

\_\_\_\_\_  
Name of Witness      Signature of Witness

***THIS AGREEMENT MUST BE COMPETED IN FULL, SIGNED, DATED, AND WITNESSED BEFORE ANY ACTIVITY WITH HORSES MAY BE UNDERTAKEN.***

**PROTECTIVE HEAD GEAR AND RIDING BOOTS:**  
ALL MINORS (riders under 19 years of age) are required to wear protective headgear in the form of a high impact helmet and riding boots. Riding Helmets are provided by the stable.

**IT IS HIGHLY RECOMMENDED THAT ALL RIDERS OF ANY AGE WEAR A HIGH IMPACT HELMET AND RIDING BOOTS WHILE RIDING A HORSE.**



# CACHE RAPIDS STABLE

**ASSUMPTION OF RISKS, RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT.**

BY SIGNING THIS DOCUMENT YOU WILL WAIVE  
CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT  
TO SUE

**TO:                    CACHE RAPIDS FARM, LIMITED  
OPERATING AS CACHE RAPIDS STABLE**

**AND TO:            ALL PROPERTY OWNERS (PRIVATE, FEDERAL,  
PROVINCIAL, REGIONAL AND MUNICIPAL)**

On my behalf, and on behalf of any minor children participating in these activities, for whom I am legally responsible, I agree to the following:

## ASSUMPTION OF RISKS

I am aware and understand that activities involving these horses involve many risks, dangers and hazards, including, but not limited to the following:

1. Horses, which are powerful and potentially dangerous animals, may change their behaviour at any time and may, without warning, jump, run wildly, buck, kick, bite or step on people or things:
2. Horses may collide with other horses or objects or trip, stumble or fall even if being led, ridden or attended to:
3. Negligence (which means, in general terms, a failure to exercise ordinary or proper care) of other riders or me or my child's own failure to ride safely, within my or my child's ability or within designated areas and trails:
4. Equipment may fail:
5. Weather conditions can change and can sometimes be dangerous:
6. The nature of the terrain can change and has certain risks associated with it including, but not limited to, exposed natural objects, trees, streams and creeks:
7. The activities can sometimes be in remote areas and injuries or illness may occur and it may be a considerable distance to doctors, hospitals, or any other type of assistance; and
8. Negligence on the part of A PROPERTY OWNER AND /OR THE PROVIDER OR THEIR STAFF.

I am also aware that the risks, dangers and hazard's referred to above exist throughout the trail, stable, practice and other areas and many are unmarked. 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 personal injury, death, property damage and damages or loss resulting therefrom.

Initials

## RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Provider providing me or my child with their horses or sleigh riding and other services and permitting me or my child's use of their equipment, and other facilities and the Property Owners providing me or my child with the use of their property (hereinafter collectively referred to as "the Services"), I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I or my child have or may in the future have against a Property Owner or the Provider, and their directors, officers, employees, agents, representatives, and volunteers (all of whom are hereinafter collectively referred to as "THE RELEASEES") and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that me or my child's next of kin may suffer as a result of my or my child's use of the services or due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE OWNED UNDER THE "OCCUPIERS LIABILITY ACT" ON THE PART OF THE RELEASEES;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property or personal injury to any third party resulting from my child's use of the services;
3. This agreement shall be effective and binding upon my or my child's heirs, next of kin, executors, administrators, assigns and representatives in the event of my or my child's death or incapacity;
4. This agreement shall be governed by and interpreted in accordance with the laws of the Province of Newfoundland & Labrador; and
5. Any litigation involving the parties in this Agreement shall be brought within the Province of Newfoundland & Labrador.

Initials