

# Bear Creek Stables, Inc.

Horse Day Camp Information / Registration Form  
25900 E 133<sup>rd</sup> Circle, Commerce City, CO 80022  
Office@bcranchco.com

Participant / Camper Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (ext) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (ext) \_\_\_\_\_

Other Contact Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (ext) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (ext) \_\_\_\_\_

Other Comments: \_\_\_\_\_

First choice for week requested: \_\_\_\_\_

Second choice for camp week if first choice full: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ (Check or Credit Card)

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT MINOR (UNDER 18)

CITY OF LAKEWOOD

BEAR CREEK STABLES INC.

Release on behalf of a minor child by a parent or guardian
RELEASE AND COVENANT NOT TO SUE

I THE UNDERSIGNED, HEREBY ACKNOWLEDGE THAT IN CONSIDERATION OF THE OPPORTUNITY TO ENGAGE IN AN ACTIVITY OF HORSEBACK RIDING, PONY RIDES, OR HAYRIDES W/ BEAR CREEK STABLES INC. (BCS), HEREBY AGREES TO PAY FOR SUCH ACTIVITY AND FURTHER AGREES AS FOLLOWS:

THIS RELEASE AND COVENANT NOT TO SUE (THE "RELEASE") is executed on this day of [blank], 2020, by (NAME) [blank] who resides at (ADDRESS) [blank], hereinafter referred to as "Releasor."

I UNDERSTAND THAT THESE ACTIVITIES INVOLVE NUMEROUS RISKS OF INJURY WHICH ARE AN INTEGRAL PART OF SUCH ACTIVITY. I, FOR MYSELF AND MY CHILD OR LEGAL WARD, ASSUME FULL RESPONSIBILITY FOR THESE RISKS INCLUDING BUT NOT LIMITED TO: LOSS OF CONTROL, COLLISIONS, AND OBSTACLES, WHETHER THEY ARE OBVIOUS OR NOT OBVIOUS AND INJURY CAUSED BY AN ANIMAL, WRANGLER, HANDLER, HIGH DRIVER OR OPERATOR (NEGLIGENCE ATTRIBUTABLE TO BCS).

Releasor hereby executes this Release on behalf of the minor child named below (the "Minor" in favor of the City of Lakewood, a home rule municipal corporation of the State of Colorado whose principal business address is 480 South Allison Parkway, Lakewood, Colorado 80226, (the "City").

THIS RELEASE is for the following activity/ies ( the Released Activities"):

HORSEBACK RIDING, PONY RIDES, HORSE DRAWN HAYRIDES, AND THE HANDLING OF BOTH.

I AND/ OR MY FAMILY FURTHER UNDERSTAND THAT AN ANIMAL IRRESPECTIVE OF IT'S TRAINING AND USUAL PAST BEHAVIOR AND CHARACTERISTICS MAY ACT OR REACT UNEXPECTEDLY OR UNPREDICTABLY AT TIMES.

Location of activity:

Bear Creek Lake Park, Lakewood, CO

Time period of activity:

THE SUMMER OF 2020

AS CONSIDERATION FOR BEING PERMITTED BY BEAR CREEK STABLES INC. TO ENGAGE IN THE ACTIVITIES MENTIONED HEREIN, I DO HEREBY WAIVE ANY CLAIM AND RELEASE BEAR CREEK STABLES INC. AND ALL OWNERS, OFFICERS, MEMBERS, AFFILIATED ORGANIZATIONS, LAND OWNERS, AGENTS AND/ OR EMPLOYEES FOR ANY INJURY OR DEATH CAUSED BY OR RESULTING FROM MY/OR MY FAMILY'S PARTICIPATION IN THESE ACTIVITIES. THIS CONTRACT SHALL BE LEGALLY BINDING UPON MY HEIRS, MY ESTATE, LEGAL GUARDIANS, MY PERSONAL REPRESENTATIVES AND ME.

X [blank] (PRINT NAME, AGE OF MINOR and RELATIONSHIP TO RELEASOR)

WARNING :

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AND INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

By signing this Release, the Releasor acknowledges, understands and agrees that, in consideration of the City allowing the Minor to participate in the Released Activities, the Releasor waives any and all claims against the City, whether based on contract, negligence or otherwise, for damages of any nature or kind the Releasor may suffer as a result of his or her participation in Released activities. Releasor expressly releases, and agrees to forego any legal action against, the City and its officers, employees, agents and assigns as to any claims, costs or expenses the Minor may have that arise from or out of the Released Activities

I HAVE READ THIS AGREEMENT AND UNDERSTAND THE CONTENTS. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I MAY OTHERWISE HAVE AND I ENTER INTO THIS CONTRACT IN BEHALF OF MYSELF AND/ OR MY FAMILY ON MY OWN FREEWILL.

Nothing in this form shall be construed to waive, limit, or otherwise modify any governmental immunity that may be available under the Colorado Governmental Immunity Act, C.R.S. 24-10-101, et seq., to the City, its officials, employees, agents or other persons acting on behalf of the City.

PRINTED NAME OF RIDER DATE OF BIRTH (MINOR) Check level of riding ability GOOD FAIR POOR I was offered protective headgear (initial) I refused (initial)

Should any provision of this Agreement be held invalid, illegal or unenforceable, it shall not affect or impair the validity, legality or enforceability of any other provision of this Agreement.

PRINTED NAME OF PARENT / DATE X SIGNATURE OF PARENT / DATE

I hereby represent that I have read, understand and agree to the contents of this Release and sign the same voluntarily.

RELEASOR: X

Date: