



CAMP 2019 REGISTRATION FORM

Please scan and email completed form to: lessons@wesleycloverparks.com

Camper's Name: _____ Age (minimum 7yrs): _____

Riding Experience: _____ Height: _____

Any allergies or pertinent medical conditions: _____

Please check the box (✓) next to your desired camp date(s):

PD Day Camps			✓
NOV 16, 2018	Beginner Camp	\$91.03	
NOV 23, 2018	Beginner Camp	\$91.03	
JAN 25, 2019	Beginner Camp	\$91.03	
FEB 15, 2019	Beginner Camp	\$91.03	
APR 26, 2019	Beginner Camp	\$91.03	
MAY 17, 2019	Beginner Camp	\$91.03	
JUN 7, 2019	Beginner Camp	\$91.03	

March Break Camps			✓
MAR 11-15, 2019	Beginner Camp	\$455.15	

Please note: all PD and March Break camps are geared towards casual riders and those who have never ridden before.

Parent Name: _____ Phone Number (Day): _____ (Mobile): _____

Full address, including postal code:

Email: _____

Emergency Contact: _____ Phone Number (Day): _____

Relationship to Camper: _____ (Mobile): _____

Email: _____

Cancellation Policy: Campers who cancel any camp up to **2 weeks** before the camp's start date will receive an 80% refund, with WCP maintaining a 20% cancellation fee. Any cancellations after that date will result in a forfeit of payment.

All prices are subject to HST and payment in full is due at the time of registration.

Wesley Clover Parks reserves the right to cancel camp sessions if insufficient applications are received.



**ASSUMPTION OF RISK RELEASE AND WAIVER OF LIABILITY INDEMNITY AGREEMENT
WARRANTY AND CONSENT**

IN CONSIDERATION of allowing me to participate in the program, related events and activities of the **Wesley Clover Parks**

I WARRANT TO YOU THAT:

- 1. I am familiar with the risk of serious injury and death which any participant in this program must assume, and
- 2. I believe that I am physically, emotionally and mentally able to participate in this program, and that my equipment is mechanically fit for my use in this program, and
- 3. I understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me, and
- 4. I will immediately remove myself from participation, and notify the nearest official, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I have experienced any deterioration in my physical, emotional or mental fitness for continued participation in the program.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin, that my participation in this program and execution of this document constitutes:

- 1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this program by me even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated therewith or participating therein, and
- 2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the program organizer and all persons and organizations associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/or lessors of the premises used to conduct the program, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
- 3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation in this program by me, and
- 4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY, I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY PARTICIPATION IN THIS PROGRAM. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I WOULD OTHERWISE HAVE and I hereby authorize and consent that any images or video taken of myself, in whole or in part, individually or in conjunction with other images, photographs, video footage in any format whatsoever as part of the above named program, event and activities as part of a collection of images of the Wesley Clover Foundation ("WCF"), and its affiliated companies, to be displayed on the WCF website, to be used for media purposes, including, without limitation, promotional presentation and marketing purposes. I hereby waive any rights to privacy and compensation, which I may have in connection with such use of my name and likeness, including rights that may be created in connection with any photographic or video production, editing and promotion therewith. **I AM OVER 18 YEARS OF AGE AND I HAVE READ THIS WAIVER AND I AM FAMILIAR WITH ITS CONTENT AND I AM SIGNING THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.**

SIGNATURE OF PARTICIPANT

PRINT NAME OF PARTICIPANT

SIGNATURE OF PARENT OR LEGAL GUARDIAN

PRINT NAME OF PARENT OR LEGAL GUARDIAN

SIGNATURE OF WITNESS

PRINT NAME OF WITNESS