

# Rope This Ranch

## Clinic Registration 2018

Date of clinic registering for: \_\_\_\_\_

Please Email or Snail Mail Registration to : 8908 E 825 S, Upland, IN 46989

Questions? Call Jenny (765) 517-1608 or email [jenny@ropethisranch.com](mailto:jenny@ropethisranch.com)

Please print neatly:

Participant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent(s) Name (if minor): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check: Participant \_\_\_\_\_ Auditor \_\_\_\_\_

- The clinic fee is \$85 per person for participants or \$20 per person for auditing.
- The fee does not include lunch, please bring a lunch.
- Clinics run from 10am to 2pm, with a half hour break for lunch.
- Camp fee can be paid online or with check; please reserve your spot before mailing check.
- Please enclose check payable to Rope This Ranch. Spots are limited; register early!

### **PLEASE READ AND SIGN BELOW. Appropriate fees must accompany this application.**

IMPORTANT: I certify that I am healthy, and that, in case of accident or illness, Rope This Ranch has my authority to secure and utilize medical attention if unable to communicate with me directly. I understand that there is some inherent risk in activities at camp/clinics and accidents sometimes occur. I acknowledge the risks and potential for risks associated with and for horseback riding. However, I feel that the possible benefits to myself, my child, and/or my ward are greater than the risk assumed. I hereby, as evidenced by my signature below, intend to be legally bound for myself, my heirs, and/or assigns. I agree that executors of Rope This Ranch, its Board of Directors, Instructors, Therapists, Aides, and/or Volunteers will not be held responsible for any accidents, injury, or loss that I, my child, and/or my ward may sustain while on Rope This Ranch property and/or participating in Rope This Ranch programs and activities. I understand that the camp/clinic fee does not include accident insurance and any medical costs incurred shall be covered by participant. I understand that no refunds are given if I leave camp/clinic early. I give Rope This Ranch permission to use photos or videos of me in promotional literature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: \$25 of the clinic fee is a non-refundable registration fee. Cancellations within 7 days of clinic date will receive no refund of any fees.