

JUNIPER MOUNTAIN OUTFITTERS, INC.
Camp Registration

Name of Parents or Guardian _____ E-Mail _____
Child's Name _____ Phone # _____
Address/City/State/Zip: _____ Work # _____
Camp #: _____ Dates of Camp: _____ Age ____ Date of Birth ____/____/____
Please Circle preferred place for Pickup and Drop-off: (Caldwell - Nampa - Boise - Other)
\$100 Deposit (non-refundable): _____ Check #: _____ Date Paid: ____/____/____

Reservations: No cash accepted. Mail checks to: Juniper Mountain Outfitters Inc.
21292 Simplot Blvd. Greenleaf, ID 83626-9112

For Office Use Only: Remainder of Balance _____ Check # _____ Date Paid: _____
Confirmation: Balance of camp fee must be received two weeks prior to camp date. Registration is void and deposit non-refundable if fees not paid in full and received by deadline.

I hereby give permission for the Juniper Mountain Outfitters, Inc. staff to seek medical attention for my child in case of illness or injury during horseback riding camp at Warm Lake and Stolle Meadows, or in route to and from camp.
Juniper Mountain Outfitters, Inc. provides many outdoor recreational activities to the public. Trip participants understand that outdoor recreational activities, particularly horseback riding, involve inherent risks that are beyond the control of Juniper Mountain Outfitters, Inc., and their staff, agents and employees.

I, the undersign, recognize that there is an element of risk in any adventure, sport or activity associated with the outdoors. I am fully cognizant of the risks, and dangers inherent in horseback trail rides. I certify that my family and I, including minor children, are fully capable of participating in the said activities. I understand that upon acceptance of the horse and equipment that I assume full responsibility for my personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my family participating in said activity. I therefore agree to release and hold harmless Juniper Mountain Outfitters, and their staff, agents, and employees from any liability arising from the use of the horses, equipment, or any activity participated in while at a Juniper Mountain Outfitter, Inc. camp.
I also agree to abide by the following code of conduct: No swearing, smoking, drinking, use of drugs other than as prescribed by my physician or dispensed by camp staff, vulgar language, behavior which jeopardizes the safety or myself or other campers, inappropriate behavior toward the same or opposite sex, fighting or teasing. I understand that if I am found in violation of this code, my parents will be notified and must provide transportation for my return trip home. I will receive no refund for the time missed at camp.

I HAVE READ AND UNDERSTAND THIS AGREEMENT APPLICATION, MEDICAL RELEASE, RELEASE OF LIABILITY, AND CODE OF CONDUCT AND DO VOLUNTARILY AGREE TO SIGN.

Participant: _____ Parent: _____ Date: _____

In order to make camp as pleasant an experience as possible please help us by answering the following:

- 1.) Has your child attended one of our camps before? If so, how many years in attendance?

 - 2.) How much experience has your child had with horses? Please explain:

 - 3.) Has your child spent time away from home overnight? If so, for how long?

 - 4.) Is your child on medication? If so, does it need to be refrigerated?

 - 5.) Does your child have any allergies? (Bee stings, Food Allergies, Pollen, etc.) Please list:

 - 6.) Is your child on a special diet? (Vegetarian, Diabetic, etc.)

 - 7.) Has your child had any broken bones or other medical conditions that we should be aware of in the past year?

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Participant Agreement, Release and Acknowledgement of Risk – (Please Read Both Sides)

In consideration of the services of JUNIPER MOUNTAIN OUTFITTERS, INC., their agents, owners, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "JMO"), I hereby agree to release and discharge JMO, on the behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that guided hunting with horses and horseback trail rides/horse camps entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such thing as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. JMO may misjudge the risks of the terrain or weather, the horse you are assigned to ride, and your abilities. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stumps, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance which can result in falling from the horse. Furthermore, JMO guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless JMO from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of JMO's equipment or facilities, including any such claims which allege negligent acts or omissions of JMO.
4. Should JMO or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and cost.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume... and bear the costs of... all risks that may be created, directly or indirectly, by any such condition. I also agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.
6. In the event that I file a lawsuit against JMO, I agree to do so solely in the state of Idaho, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions should remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against JMO on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____
Address: _____
Phone: _____ E-Mail: _____ Date: _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

<input type="checkbox"/>	Check here if you would like to receive information on our children's summer horse camp program.
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In consideration of _____ (print minor's name) ("Minor" being permitted by JMO to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless JMO from ANY and ALL CLAIMS which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

PROTECTIVE EQUESTRIAN HEADGEAR REFUSAL AGREEMENT

I, for myself and/or on behalf of my child or legal ward, have been fully warned and advised by Juniper Mountain Outfitters, Inc. (hereinafter collectively referred to as "JMO"), that we should purchase and/or wear a properly fitted and secured ASTM/SEI (Equestrian standard) certified helmet while riding or being around horses (whether on the premises of Juniper Mountain Outfitters, Inc. or off the premises) in order to reduce the severity of some of our head injuries and to possibly prevent my/our death from happening as the result of a fall(s) or any other occurrence associated with this activity. We realize that we are subject to injury from this activity and that no form of preplanning can remove all of the danger to which we are exposing ourselves. Against the advice of JMO, the guide/instructor, numerous court cases and JMO's insurance company, we are effusing this critical safety precaution.

SIGNER STATEMENT OF AWARENESS (Sign For Participant Not Wearing Helmet)

I/we the undersigned, have read the foregoing statement carefully before signing and do understand its warning and assumption of risks.

Signature of Rider (spouse must sign for themselves)

Date

Signature of parent, guardian and or spouse

Name of additional minor(s) rider(s)

Date

SIGNER STATEMENT OF AWARENESS (Sign For Participant Wearing Helmet)

I/we the undersigned, have read the foregoing statement carefully before signing and do understand its warning and assumption of risks.

Signature of Rider (spouse must sign for themselves)

Date

Signature of parent, guardian and or spouse

Name of additional minor(s) rider(s)

Date