



**PARTICIPANT WAIVER, RELEASE,
HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

- a) I voluntarily waive, release, and hold harmless the Forest Preserve District of DuPage County, its elected officials, officers, employees, agents, and other volunteers, from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation **in the "Guided Group Tour" program** that may, if scheduled, include a Horse-Drawn Hayride or Sleigh Ride at the Danada Equestrian Center of the Forest Preserve District of DuPage County. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of my participation in the **"Guided Group Tour " program held at the Danada Equestrian Center.**

- b) I shall defend, hold harmless and indemnify the Forest Preserve District of DuPage County, its elected officials, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omissions in my participation in the **"Guided Group Tour" held at the Danada Equestrian Center.**

- c) **WARNING: Under the Equine Activity Liability Act, each Participant who engages in an Equine Activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of Equine Activities.**

I am aware of the risks, dangers and hazards associated with Equestrian Activities and accept and assume all such risks. I have read, fully understand and agree to the assumption of risk, release, hold harmless and indemnification terms set forth above and have read and understand the information set forth in the Equine Activity Liability Act identified above.

Date: _____

Telephone #: _____

Participant's Signature

(Printed Name)

(Address)

(City, State, Zip Code)

Age (only if under 18 yrs.)

(Emergency Telephone#)

NOTE: If the participant is under 18 years of age, a parent or legal guardian must sign this agreement on behalf of the participant.

Signature of Parent or Legal Guardian

Printed Name



EQUESTRIAN SUMMER CAMP APPLICATION

Return completed form, fee and a completed waiver, along with
a self-addressed, stamped legal-sized envelope to:
Danada Equestrian Center
3S507 Naperville Rd.
Wheaton, IL 60189

WARNING:
Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage resulting from the risk of equine activities.

Participant Name (Last, First): _____

Address: _____ **DuPage County resident? YES NO**

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

Email: _____ **Daytime Phone #:** _____

SUMMER CAMPS

Horse Sense Summer Camp (Ages 10 – 14)
Fees: DuPage County residents: \$203
Non-residents of DuPage County: \$232

<u>Code</u>	<u>Session</u>	<u>Dates</u>
11-1-SC	Session 1	June 6 – June 10
11-3-SC	Session 3	June 20 – June 24
11-5-SC	Session 5	July 11 – July 15
11-7-SC	Session 7	July 25 – July 29
11-9-SC	Session 9	August 8 – August 12

Riding Sense Summer Camp (Ages 12 – 14)
Fees: DuPage County Residents: \$342
Non-residents of DuPage County \$376

<u>Code</u>	<u>Session</u>	<u>Dates</u>
11-2-RC	Session 2	June 13 – June 17
11-4-RC	Session 4	June 27 – July 1
11-6-RC	Session 6	July 18 – July 22
11-8-RC	Session 8	August 1 – August 5

Please enter class code for each of your choices:

Horse Sense Camp

1st choice _____

2nd choice _____

3rd choice _____

Riding Sense Camp

1st choice _____

2nd choice _____

3rd choice _____

Emergency contacts: (list two)

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Do you need special accommodations? Yes No

If Yes, explain: _____

Method of Payment:

Mastercard

Visa

Discover

Cash

Check* # _____ *make checks payable to FPDDC

For Credit Card Use Only

Cardholder name: _____

Card #: _____ Exp. Date: _____

Authorizing Signature: _____

For Office Use Only:

Permit #: _____ **Issued by:** _____

Amount Paid: _____ **Date:** _____

Placed in: _____ **Refund:** _____