



**STUDENT 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 as a **student in the Danada Horsemanship Program** 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 as a **student in the 2011 "Danada Horsemanship 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 as a **student in the 2011 "Danada Horsemanship Program" 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 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



STUDENT APPLICATION EQUESTRIAN PROGRAMS

Return completed form, waiver and fee, 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.

Name (Last, First): _____

Address: _____

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

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

Horsemanship Programs
Clearly place an "X" in the box for your program selection.

<input type="checkbox"/> Horsemanship I	DuPage County: \$300 Out-Of County: \$396
<input type="checkbox"/> Horsemanship II	DuPage County: \$300 Out-Of County: \$396
<input type="checkbox"/> Horsemanship III	DuPage County: \$185 Out-Of County: \$263
<input type="checkbox"/> Horsemanship IV	DuPage County: \$185 Out-Of County: \$263
<input type="checkbox"/> Horsemanship V	DuPage County: \$185 Out-Of County: \$263
<input type="checkbox"/> Placement Exam	DuPage County: \$48 Out-Of County: \$65
<input type="checkbox"/> Group Trail Ride Package	DuPage County: \$150 Out-Of County: \$240
<input type="checkbox"/> Private Lesson (1)	DuPage County: \$40 Out-Of County: \$48
<input type="checkbox"/> Semi-Private Lesson (1)	DuPage County: \$30 Out-Of County: \$35
<input type="checkbox"/> Private Lesson Package (6)	DuPage County: \$216 Out-Of County: \$260
<input type="checkbox"/> Semi-Private Lesson Package (6)	DuPage County: \$162 Out-Of County: \$189

Lottery Choices
If applying before lottery deadline please enter the lesson code # for your choices:

1st Choice _____

2nd Choice _____

3rd Choice _____

Emergency contacts (two contacts must be listed)

Name: _____ Relationship _____ Phone # _____

Name: _____ Relationship _____ Phone # _____

Has your Tetanus vaccination been updated? Yes/No If Yes, list date: _____

Do you need special accommodations? Yes/No

If Yes, explain: _____

<p><u>Method of Payment</u></p> <p><input type="checkbox"/> Mastercard</p> <p><input type="checkbox"/> Visa</p> <p><input type="checkbox"/> Discover</p> <p><input type="checkbox"/> Using volunteer appreciation gift</p> <p><input type="checkbox"/> Check* # _____</p> <p><small>*make checks payable to FPDDC</small></p>	<p><u>For Credit Card Use Only</u></p> <p>Cardholder name: _____</p> <p>Card #: _____</p> <p>Authorizing Signature _____</p> <p>Expiration Date: _____</p>
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For Office Use Only

Permit #: _____ **Issued by:** _____ **Refund:** _____ **Date:** _____

Amount Paid: _____ **Date:** _____

Placed In: _____ **Lottery #:** _____