



2009 STUDENT APPLICATION

EQUESTRIAN PROGRAMS SUMMER CAMPS

Return completed form and fee(s), along with a self-addressed, stamped legal sized envelope, to:
Danada Equestrian Center
 3S507 Naperville Rd., Wheaton, IL 60187
 Phone (630) 668-6012.

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.

Name: _____
First Last Middle Initial

Address: _____

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

Email: _____ Daytime Phone #: _____

Would you like to receive information in the future? (yes/no) Do you live in DuPage County? (yes/no)
 Please note additional fees apply for out-of-county residents.

Note: One application must be completed for each program. See enrollment procedure on page 16.

Clearly place an "X" in the box for your program selection
(Please fill out a separate form for each summer camp application!)

SUMMER CAMPS (See page 14 for details and pricing.)

Please enter the class code number for each of your choices:

Horse Sense Summer Camp FEE: \$203.00/\$232.00

Session	Code	Date
Session 1:	09-1-SC	June 8 - June 12
Session 3:	09-3-SC	June 22 - June 26
Session 5:	09-5-SC	July 13 - July 17
Session 7:	09-7-SC	Aug. 3 - Aug. 7

1st Choice _____
 2nd Choice _____
 3rd Choice _____

Riding Sense Summer Camp FEE: \$342.00/\$376.00

Session	Code	Date
Session 2:	09-2-RC	June 15 - June 19
Session 4:	09-4-RC	July 6 - July 10
Session 6:	09-6-RC	July 27 - July 31
Session 8:	09-8-RC	Aug. 10 - Aug. 14

1st Choice _____
 2nd Choice _____
 3rd Choice _____

Emergency Contacts (two contacts must be listed)

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

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

Do you need special accommodations? Yes/No

If Yes, explain: _____

Method of Payment

Mastercard* Visa* Discover*

Check

(Make checks payable to:
 Forest Preserve District of DuPage County)

*Visa, Discover and Mastercard are the only accepted forms of charge payment.

For Credit Card Use Only

Cardholder Name: _____

Account Number: _____

Authorized Signature: _____

Expiration Date: _____

PERMITS MUST BE OBTAINED 72 BUSINESS HOURS IN ADVANCE

Please Read & Sign the Waiver and Rules and include to complete application.

FOR OFFICE USE ONLY

Permit Number(s): _____ Issued By: _____

Fee Collected: _____ Date: _____

ACCEPTING HORSEMANSHIP RULES ADDITIONAL INSURANCE COVERAGE

TO: FOREST PRESERVE DISTRICT OF DUPAGE COUNTY, ILLINOIS, a municipal Corporation (hereinafter called District.), and its Commissioners, Employees, Agents and Volunteers.

I, the undersigned, desire to be a student at the Danada Equestrian Center of the District, subject to the rules of the District presently in force and as modified from time to time and under the direction and control of authorized District personnel. I have read the instructions related to the Equestrian program, prepared by the District, and agree to abide by all its terms and conditions as set forth therein and as modified from time to time hereafter.

In consideration of the District accepting the undersigned for participation in the Equestrian -program and the educational and other benefits to be received by the undersigned, and with the understanding that a horse may be startled by sudden movement, noise or other factors, and may shy suddenly, rear, stop short, bite, buck, kick or run with its rider, especially when the ride is conducted through an out door or natural setting, as lessons and trail rides will be, I hereby assume all risks of any nature whatsoever related to the program including, but not limited to, those risks set out above, and on my own behalf, on behalf of my child or ward, and on behalf of my child's ward's heirs, executors and administrators.

Additionally, the District carries insurance coverage for the students in the 2009 Danada Horsemanship program. This insurance coverage provided by the District is secondary coverage, your insurance will be the primary coverage. The coverage limits for this insurance are as follows:

- \$10,000 Accidental Death and Specific Loss
- \$5,000 Maximum Accident Medical Expenses, subject to \$100.00 deductible.

I understand that at no time am I an employee or agent of the District, its Commissioners, Employees, Agents, and Volunteers.

I have read the above and agree to its terms. My birthday is the _____ day of _____, 19____.

If the Student is under 18 years of age, the student's parent(s) or guardian(s) must sign this Agreement on behalf of the student, agreeing to the terms and conditions of this Agreement.

Student's signature

Type or print student's name

Date: _____

Indicate signature relationship to student: Father Mother Guardian

Type or print name above

STUDENT PARTICIPANT WAIVER, RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

a) I voluntarily waive, release, and hold harmless the District, 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 when such bodily injury or death is the result of my own negligent or intentional acts or omissions of another Horsemanship program student. 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 2009 Danada Horsemanship program at the Danada Equestrian Center.

b) I shall defend, hold harmless and indemnify the District, 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 2009 Danada Horsemanship program at the Danada Equestrian Center.

I have read, fully understand and agree to the assumption of risk, waiver, release, hold harmless and indemnification terms set forth above.

Date: _____

Participant's Address:

Participant's Signature

(Street)

(Printed Name)

(City, State, Zip Code)

(Birth Date)

(Phone)

(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