

# 2024 Horse Camp

June 10-13 17-20  
July 08-11 15-18  
Aug 05-08 12-15

Choice 1) \_\_\_\_\_ 2) \_\_\_\_\_

In order to give each camper plenty of concentrated riding and help we will be limiting our sessions to approximately 10-15 riders.

Please give 1st and 2nd choices (other dates may be added later if sessions fill up)

Please indicate any friends or siblings camping at the same session with you.

Name	Age	Phone
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1.	_____	_____
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2.	_____	_____
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3.	_____	_____
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## References

Gladly given, please call Holly Gustafson at 763/355-0017

## Regular Camp Price

\$375 per camp - \$725 per 2 sessions  
Pay in full by May 1 and camp is \$350 each or 2 camps/sessions for \$675

## Early Bird Special

Pay in full by Mar 31 and camp is \$325 each

Please enclose a \$100.00 non-refundable deposit for each camp (camp dates may be changed by you, 1 time with 2 weeks notice ).

Please make Check out to **Holly M. Gustafson**  
Any questions please call us. **763/355-0017**

**West Metro Horse Camp**  
**961 Garrison Ave N. E.**  
**Buffalo, MN 55313**

**www.westmetrohorsecamp.com**

# West Metro Horse Camp Questionnaire and Application

Camper Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_  
(E-mail information will be kept strictly private)

Just a few things to help us know you better and see what "Horse anality" you'll get along with

Riding Experience: \_\_\_\_\_  
\_\_\_\_\_

(ex: camps, 4-H, WSCA shows, etc.)

My personality is: \_\_\_\_\_  
(ex: quiet, bold, athletic, nurturing, etc.)

Things that might be difficult for me: \_\_\_\_\_  
\_\_\_\_\_

( ex: scared to trot, to reach a tall horse, health concerns, etc. )

Likes about riding horses: \_\_\_\_\_  
\_\_\_\_\_

(ex: pretty, fun, doing games, etc.)

Dislikes about riding and horses: \_\_\_\_\_  
\_\_\_\_\_

( ex: bouncing, getting on, etc. )

A horse dream for me to come true would be: \_\_\_\_\_  
\_\_\_\_\_

# Photo/Media Release Form

Date \_\_\_\_\_

(please initial one of the following)

I hereby grant Init \_\_\_\_\_

I hereby revoke Init \_\_\_\_\_

TrueLove Arabians/West Metro Horse Camp permission to interview me and/or to use my likeness in photograph(s) / video in any and all of its publications and web sites, and in any and all other media, whether now known or hereafter existing, controlled by TrueLove Arabians / West Metro Horse Camp, in perpetuity, and for other use by TrueLove Arabians / West Metro Horse Camp. I will make no monetary or other claim against TrueLove Arabians / West Metro Horse Camp for the use of the interview and/or the photograph(s) / video.

Name of camper (print full name) \_\_\_\_\_

Name of Parent/Gaurdian(print full name) \_\_\_\_\_

Signature \_\_\_\_\_

Relation to camper (if camper is a minor) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

# HORSE RIDING AGREEMENT AND LIABILITY RELEASE FORM

This form must be completed by each participant and given to the Camp Supervisors on or prior to the camp.

**West Metro Horse Camp  
961 Garrison Ave N. E.  
Buffalo, MN 55313**

All Riders and Parents or Legal Guardians of minors must sign after reading this entire document.

**SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY!!!  
THIS STABLE DOES NOT GUARANTEE YOUR SAFETY OR THAT OF YOUR HORSE!!!**

IT IS HEREBY AGREED TO AS FOLLOWS: THAT

A) REGISTRATION OF RIDERS AND AGREEMENT PURPOSE: I, the following listed individual(s), hereinafter known as the "RIDER", and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in horseback riding with TrueLove Arabians / West Metro Horse Camp, and RIDER will ride a horse owned by TrueLove Arabians / West Metro Horse Camp.

RIDER #1 NAME (and AGE if under 21) \_\_\_\_\_

RIDER #2 NAME (and AGE if under 21) \_\_\_\_\_

RIDER #3 NAME (and AGE if under 21) \_\_\_\_\_

RIDER #4 NAME (and AGE if under 21) \_\_\_\_\_

B) AGREEMENT SCOPE, TERRITORY AND DEFINITIONS: This agreement shall be legally binding upon me, the registered RIDER, and the parents or legal guardians thereof (if a minor), my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of TrueLove Arabians / West Metro Horse Camp physical location. Any disputes by the RIDER shall be litigated in and venue shall be the county in which TrueLove Arabians / West Metro Horse Camp is physically located. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" OR "RIDING" herein shall refer to riding or otherwise handling of all horses and ponies, whether from ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "me", "my", shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

#1 Init. \_\_\_\_\_ #2 Init. \_\_\_\_\_ #3 Init. \_\_\_\_\_ #4 Init. \_\_\_\_\_

C) ACCIDENTAL/MEDICAL AND PERSONAL LIABILITY INSURANCE: Should medical treatment be required, I and /or my own accident/ medical insurance company shall pay for all such incurred expenses. Should my actions or that of my horse cause injury or damage of any kind, I and/or my own personal liability shall pay for such damages.

#1 Init. \_\_\_\_\_ #2 Init. \_\_\_\_\_ #3 Init. \_\_\_\_\_ #4 Init. \_\_\_\_\_

D) PROTECTIVE HEADGEAR WARNING: I have been fully warned and advised by TrueLove Arabians / West Metro Horse Camp that the RIDER should wear protective headgear (riding helmet). Such headgear is provided free of charge by TrueLove Arabians / West Metro Horse Camp and is required for all riders under 18 years of age. I have been informed that the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses may prevent or reduce the severity of a head injury and may even prevent death from occurring as the result of a fall or other accident. While safety is not guaranteed while wearing a riding helmet, every RIDER is strongly encouraged to wear approved safety headgear.

#1 Init. \_\_\_\_\_ #2 Init. \_\_\_\_\_ #3 Init. \_\_\_\_\_ #4 Init. \_\_\_\_\_

PROTECTIVE HEADGEAR REFUSAL: I refuse to wear any type of protective headgear offered by TrueLove Arabians / West Metro Horse Camp and/or will provide MY own. I accept full responsibility for MY safety in this decision. Please circle one: **(If you refuse provided headgear, please circle YES)**

Rider #1 – YES NO Rider #2 – YES NO Rider #3 – YES NO Rider #4 - YES NO

E) LIABILITY RELEASE: In consideration of TrueLove Arabians / West Metro Horse Camp allowing my participation in this activity under the terms set forth herein, I, the RIDER (and the parent or guardian thereof if a minor), do agree to hold harmless and release TrueLove Arabians / West Metro Horse Camp, its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to TrueLove Arabians / West Metro Horse Camp ordinary negligence. I do further agree that except in the event of TrueLove Arabians / West Metro Horse Camp gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation against TrueLove Arabians / West Metro Horse Camp and its associates as stated above in this clause, for any economic and/or non-economic losses due to bodily injury, death or property damage sustained by me and/or my minor child or legal ward.

#1 Init. \_\_\_\_\_ #2 Init. \_\_\_\_\_ #3 Init. \_\_\_\_\_ #4 Init. \_\_\_\_\_

**WARNING**

Under Minnesota law, an equine activity sponsor is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act Section 604A.12.

#1 Init. \_\_\_\_\_ #2 Init. \_\_\_\_\_ #3 Init. \_\_\_\_\_ #4 Init. \_\_\_\_\_

**SIGNER STATEMENT OF AWARENESS**

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNING, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

As a further consideration for having been given the opportunity to ride and to participate in horseback riding activities, I represent that:

- 1) I currently have comprehensive liability policies providing:
  - a. Medical coverage
  - b. Liability coverage for property damage (at least \$10,000 coverage) and bodily injury claims (coverage of at least \$100,000 per person and \$300,000 per occurrence).
- 2) These policies will remain in effect during the time that I ride at West Metro Horse Camp

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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