

Camp Cedar Lodge, Cedar Lodge Stables and The Land Company Release and Waiver

I forever release and discharge Camp Cedar Lodge, Cedar Lodge Stables, The Land Company, all their employees, all their agents, all their members and managers, and the staff and teachers of this Summer Camp, Year around facility and Stables for any liability that may occur during my as an adult, or my child's visit/stay. This release is in addition to any other release, including any horseback riding release, and shall not be construed to narrow or restrict any such other release. I understand that any minors with our group while visiting camp or stable will be the responsibility of our group. I also understand that if my child while taking lessons, visiting the barn or on the grounds is solely still my responsibility. Lastly, I understand that I am totally responsible for any risk I as an adult take or decisions I make while on this facility.

Minor's name: _____

Parents Signature: _____ Date: _____

-I AGREE in consideration for my or my child's participation of all Equestrian related activities to the following:

-I AGREE that that I or my child is participating voluntarily with either our horse or a horse provided to us by Cedar Lodge Stables. I am fully aware and acknowledge that horse sports involve inherent dangerous risks of accident, loss, and serious bodily injury.

-I AGREE to release Camp Cedar Lodge, Cedar Lodge Stables, and The Land Company from all claims for money damages.

-I AGREE to pay any losses, damages, or costs incurred and to hold Camp Cedar Lodge, Cedar Lodge Stables and The Land Company harmless with respect to claims for harm to me, my child, our horse(s), or equipment.

-I understand about protective equipment, and I understand that I and my child is entitled to wear protective equipment without penalty, and I acknowledge that Camp Cedar Lodge and Cedar Lodge Stables requires us to do so, while WARNING that no protective equipment can guard against all injuries.

- I am either an adult or a parent or guardian of a minor equestrian and I consent to either my or the child's participation and AGREE to all of the provisions and AGREE to assume all of the obligations of this Release on my or my Child's behalf.

-I AGREE that Camp Cedar Lodge, Cedar Lodge Stables and The Land Company as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers and affiliated organizations.

BY SIGNING BELOW I further AGREE to be bound by all applicable Camp Cedar Lodge, Cedar Lodge Stables and The Land Company rules, terms and provisions of their organization. Please Note: 1994 Public Act House Bill No. 5004 WARNING: **Under the Michigan Equine Activity Liability Act, an Equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Medical Emergency Care Authorization: (required by the State of Michigan for the care of your child)

I hereby consent to routine, non-surgical medical care for the above minor child while a resident at Camp Cedar Lodge. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above

Printed name _____ Date _____

Signature _____