

Saturday Ranch Day Registration Form

A \$30.00 (full day) or \$25.00 (half day) payment is due with this form

make checks payable to: **Flying G Ranch**

mail to: 2759 Patrick Rd., Waxahachie, TX. 75167

The Flying G Ranch will email a confirmation upon receipt of registration

Student's Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Rider's Age: _____ DOB ___/___/___ M / F

Date of Saturday Ranch Day you are signing up for: _____

Please place an X below to indicate full or half day.

_____ Full Day(\$30.00) 10 a.m. to 4 p.m.

_____ Half Day (\$25.00) 10 a.m to noon

IMPORTANT! Please list an e-mail address on the line below so we can send your confirmation

If you do not have an e-mail address, your confirmation code will be sent via US mail. Please turn in reg. form early to provide time for mail travel.

Medical and liability release:

I, the undersigned, am the parent or guardian having control or custody of the above named child. I grant my child permission to attend The Flying "G" Ranch. I certify that my child is physically and mentally fit for all camp and equestrian activities and will obey all camp staff and rules. I grant my permission in case of injury, accident or illness for my child to be treated by any licensed physician or member of camp staff and agree to pay for all such treatment. further,

I RELEASE THE FLYING "G" RANCH, ITS OWNERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY RESPONSIBILITY, LIABILITY, DAMAGES, ACCIDENT, OR ILLNESS INCURRED BY MY CHILD, ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY ACTIVITY AT OR CONNECTED WITH THE FLYING "G" RANCH.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE) AN EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

X _____
signature of parent or guardian Date