

Horseback Riding

Visitor's Acknowledgment of Risk

LeFeber Northwoods Camps

In consideration of the services of **Mountain Meadows** and the **Milwaukee County Council, Boy Scouts of America**, their officers, agents, employees, stockholders and/or board members, and all other persons or entities associated with those businesses (herein after collectively referred to as "**the private provider**" and the "**Milwaukee County Council, Boy Scouts of America**", I agree as follows:

Although **the private provider** and the **Milwaukee County Council, Boy Scouts of America**, have taken reasonable steps to provide your Scout/you with appropriate equipment and skilled guides so your Scout/you can enjoy an activity for which your Scout/you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes or loss or damage to your equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

Injury from hitting objects on the horse or falling off the horse.

I am aware that Horseback Riding entails risks of injury or death to my Scout/myself. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. **I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is voluntary, no one is forcing me to participate in spite of the risks.**

I/My Scout possess at least the following qualifications, which I understand are prerequisites to participate in this activity:

- a. Is physically and mentally healthy.
- b. Is not under the influence of any drugs.

I certify that my Scout/I am fully capable of participation in this activity. Therefore, I assume full responsibility for my Scout/myself, including any minor children, for bodily injury, death and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my negligence in participating in this activity.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate for all members of my family, including any minors accompanying me.

Name (please print): _____ Troop Number: _____

Signature: _____ Date: _____

If under 18, Signature of Parent or Guardian is necessary:

_____ Date: _____

(Parent or Guardian Signature)

Address: _____

Telephone: _____

COPY AND BRING TO CAMP!
Return this form and be prepared to pay when you arrive at the stables.

Horseback Riding Reservations

Week of _____ Troop Number _____

Scoutmaster _____ Phone _____

Address _____

PLEASE PRINT:

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