



# Activity Participation Agreement

## For Camp Wanake Horseback Riding & Equestrian Science

Camp Wanake  
 9463 Manchester Ave SW  
 Beach City, OH 44608  
 330-756-2333

Program coordinators: Wanake Staff

Location: The Wanake Ranch & Camp

Date(s) \_\_\_\_\_

### Participant Information

(To be completed by participant or authorized guardian)

Name of Participant: \_\_\_\_\_

Names of parents/guardians: \_\_\_\_\_

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

Name of emergency contact: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

Is Wanake authorized to approve medical treatment? Yes  No

Is participant covered by personal/family medical insurance? Yes  No

If yes, name of the insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

### Participation Agreement

In consideration for the opportunity to participate in the Horseback Riding & Equestrian Science activities, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by Wanake or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Sponsor, or the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant or BOTH parents/guardians if participant is a minor)