



# HAYDEN

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## SHOW JUMPING

Dear Potential Client,

Thank you for your interest in our summer camp program. We have had the privilege of teaching horsemanship to hundreds of wonderful students over the past several summers. Our team looks forward to another successful year in 2021. In order to reserve your spot, please fill out and return the following forms:

- **General Information Form**
- **Riding Session Questionnaire**
- **Release for NG Ranch Owners Association**
- **Medical Release-Minor**
- **Authorization for Agent to Consult Medical Treatment**
- **Agreement to Permit Use of Likeness**
- **Emergency Contact Form**
- **Credit Card Form (or provide a check)**

There are four ways you can return the forms to us:

1. E-mail them to [lessons@mickeyhayden.com](mailto:lessons@mickeyhayden.com).
2. Fax your forms to (949)448-0832.
3. Mail them to MH Equine, 2903 Carolina Way, Sanford NC, 27332
4. Drop them off in the MH Equine office in the clubhouse, 25202 Nellie Gail Rd. Laguna Hills, Ca. 92653

Please call (949)448-0823 and ask for April if you have any questions.

Thank you very much,  
MH Equine Staff



# HAYDEN

## SHOW JUMPING

### 2021 Summer Camp Information Form

Camper's Name: \_\_\_\_\_

Camper's Age: \_\_\_\_\_

**Camper Release Forms Checklist:** *(Fill out these and return with Enrollment Form.)*

NG \_\_\_\_\_ Hayden \_\_\_\_\_ Medical \_\_\_\_\_ Publicity \_\_\_\_\_ Riding Camp Questionnaire \_\_\_\_\_

**Parent(s) or Legal Guardian(s)**

Name: \_\_\_\_\_ Phone (h) \_\_\_\_\_  
(w) \_\_\_\_\_ (c) \_\_\_\_\_

Name: \_\_\_\_\_ Phone (h) \_\_\_\_\_  
(w) \_\_\_\_\_ (c) \_\_\_\_\_

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

**Emergency Contact:** (if Parents or Legal Guardians cannot be reached)

Name: \_\_\_\_\_ Phone (h) \_\_\_\_\_  
(w) \_\_\_\_\_ (c) \_\_\_\_\_

Please circle the camp session(s) you would like to attend. The camps are Monday through Friday from 9:00am-1:00pm. A non-refundable enrollment fee of \$100 per session is due with this application. Your reservation will **not** be held without enrollment fee(s) and completed enrollment forms. If camps are full, please inquire about our waitlist.

Session 1: June 14-18

Session 6: July 19-23

Session 2: June 21-25

Session 7: July 26-30

Session 3: June 28-July 2 Session

Session 8: August 2-6

Session 4: July 5-9 Session

Session 9: August 9-13

Session 5: July 12-16 Session

Session 10: August 16-20

**Camp Confirmation:** You will receive an e-mail confirming your camp session(s), friendly reminder schedule and important information you should know. Please include your **Email address here:**

**Weekly Camp Price:** \$450. The remaining balance of \$350 per session, is due **on the first day of camp.** Refunds will only be issued with proof of Doctor's excuse.

**Camp Deposit Policy:** Deposit of \$100 is NON-REFUNDABLE unless another student can take your spot.

**Checks:** Make payable to *MH Equine.*



# HAYDEN

## SHOW JUMPING

### 2021 Riding Session Questionnaire

Camper's Name: \_\_\_\_\_ Session: \_\_\_\_\_

**MANDATORY:** Age: \_\_\_\_\_ years Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight: \_\_\_\_\_ lbs. Youth Shirt Size: \_\_\_\_\_

**Please answer the following questions in as much detail as possible:**

1. Have you ever ridden a horse before? Yes / No

If yes, please circle all that apply:

Trail Rides    Western    English    Bareback    Vaulting    Jumping    Showing

How often did you do these activities \_\_\_\_\_

2. Are you comfortable handling horses? (Leading, Brushing, Tacking, Bathing, etc.) Please describe any experiences:

\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever taken riding lessons before? Yes / No

If yes, how often did you take lessons? \_\_\_\_\_

When/where did you last ride? \_\_\_\_\_

Describe in detail your riding experiences (lessons, shows, play-days, etc.):

\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any physical or emotional concerns which may require special attention during our camp session? Yes / No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

5. Have you ever been to a riding camp before? Yes / No

If yes, where was the camp? \_\_\_\_\_

Please describe your experience: \_\_\_\_\_

6. Have you ever jumped before? Yes / No

Please check all that apply: Crossrails \_\_\_\_\_ Verticals \_\_\_\_\_ Oxers \_\_\_\_\_

What height have you jumped? \_\_\_\_\_ feet \_\_\_\_\_ inches

7. How did you hear about our riding camp? \_\_\_\_\_



# HAYDEN

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25202 Nellie Gail Road  
Laguna Hills, CA 92653  
(949) 371-1595  
www.nelliegailranch.org

### RELEASE OF LIABILITY OWNER/RIDER

THE RELEASE OF LIABILITY is entered into this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by and between the Nellie Gail Ranch Owners Association and the Nellie Gail Ranch Equestrian Center (hereinafter referred to collectively as "Nellie Gail Ranch") and \_\_\_\_\_ (hereinafter referred to as "Rider"), or the parent or guardian of Rider, if Rider is a minor. For consideration received, and in return for the use, today and on all future dates of the property, facilities and services of Nellie Gail, Rider, Rider's heirs, assigns, and representatives, hereby agree as follows:

1. Rider acknowledges there are inherent risks associated with equine activities and hereby expressly assumes all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; Rider potential collisions with other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability.

Rider acknowledges that horses, by their very nature are unpredictable and subject to animal whim. Rider assumes all risks in connection therewith, and expressly waives any claims against Nellie Gail Ranch for any injury or loss arising there from. Rider agrees to abide by and follow Nellie Gail Ranch's rules and regulations that shall be posted and/or be available from time to time. Rider further acknowledges that the behavior of any animal is contingent to some extent upon the ability of Rider. Rider assumes all risks and agrees to be responsible for his or her own safety.

Rider expressly releases Nellie Gail Ranch from any and all claims, including but not limited to, claims for personal injury or property damage, whether caused by the active or passive negligence of Nellie Gail Ranch or any of its representatives, agents or employees, to the fullest extent that a waiver and release is recognized by the laws of this jurisdiction.

#### WARNING

**You are advised that there are inherent risks, including the risk of serious injury or death, while engaging in equine activities. By engaging in equine activities and in accordance with the terms of this agreement you hereby assume all risks of injury or death.**

2. RIDER HEREBY RELEASES THE NELLIE GAIL RANCH OWNERS ASSOCIATION, THE NELLIE GAIL RANCH EQUESTRIAN CENTER, ITS OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS OF AN FROM ALL CLAIMS WHICH MAY HEREAFTER DEVELOP OR ACCRUE TO RIDER ON ACCOUNT OF, OR BY REASON OF, ANY INJURY, LOSS, OR DAMAGE, WHICH MAY BE SUFFERED BY ME OR TO ANY PROPERTY, BECAUSE OF ANY MATTER, THING OR CONDITION, NEGLIGENCE OR DEFAULT WHATSOEVER, AND I HEREBY ASSUME AND ACCEPT THE FULL RISK AND DANGER OF ANY HURT, INJURY OR DAMAGE WHICH MAY OCCUR THROUGH OR BY REASON OF ANY MATTER, THING OR CONDITION, NEGLIGENCE OR DEFAULT, OF ANY PERSON OR PERSONS WHATSOEVER.



# HAYDEN

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## SHOW JUMPING

25202 Nellie Gail Road  
Laguna Hills, CA 92653  
(949) 371-1595  
www.nelliegailranch.org

3. RIDER AGREES TO HOLD HARMLESS, INDEMNIFY AND DEFEND THE NELLIE GAIL RANCH OWNERS ASSOCIATION, THE NELLIE GAIL RANCH EQUESTRIAN CENTER, ITS OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, JUDGMENTS, ORDERS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHETHER ACTUALLY INCURRED OR NOT, WHICH MAY IN ANY WAY ARISE FROM OR ARE IN ANY WAY CONNECTED WITH RIDER'S PRESENCE UPON THE PROPERTY OF THE NELLIE GAIL RANCH OWNERS ASSOCIATION AND THE FACILITIES LOCATED THEREON.

4. In the event Rider is using Rider's own horse, or any other horse(s) not owned by Nellie Gail Ranch, rider warrants said horse(s) shall be free from infection, contagious or transmittable diseases. Nellie Gail reserves the right to refuse access or use of any horse upon the premises that does not appear to Nellie Gail to be in good health, or is deemed dangerous or undesirable.

5. Any action brought under this Release of Liability shall be brought within one (1) year of the incident or accident-giving rise to said claim. In the event that any portion of this Release is invalidated or otherwise held unenforceable by any court of competent jurisdiction, then Rider agrees that any available damages arising from or related to the use of Nellie Gail Ranch property shall be limited to the lesser of: \$250 for property damage; actual damages incurred by Rider; or a maximum of \$10,000 for damages such as pain and suffering.

6. Rider agrees to waive the protection of any applicable statutes of this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

Rider expressly waives any benefits that he or she may have under Section 1542 of the California Civil Code relating to unknown claims that reads as follows:

A general release does not extend to claims that the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS AND KNOW AND UNDERSTAND THE CONTENT THEREOF.**

\_\_\_\_\_  
Nellie Gail Ranch Equestrian Center Rider (Parent or Guardian, if minor)

Address of Rider \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
City State Zip Telephone Number



# HAYDEN

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## SHOW JUMPING

### WAIVER AND RELEASE OF LIABILITY ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AGREEMENT

I, the undersigned adult listed below, am at least 18 years of age. I understand that this waiver and release of liability acknowledgement and assumption of risks agreement is made between Mickey Hayden Equine Management ("MHEM"), of 28241 Crown Valley Pkwy., Suite F447, Laguna Niguel, California 92677, and

\_\_\_\_\_ ("Rider"), residing at  
\_\_\_\_\_  
\_\_\_\_\_ (street address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip) and

\_\_\_\_\_ ("Rider's Mother"), residing at  
\_\_\_\_\_  
\_\_\_\_\_ (street address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip)

and \_\_\_\_\_ ("Rider's Father"), residing at  
\_\_\_\_\_  
\_\_\_\_\_ (street address),  
\_\_\_\_\_ (city), \_\_\_\_\_ (state), \_\_\_\_\_ (zip) as of

\_\_\_\_\_. Rider's Mother and Rider's Father shall be collectively referred to as "Rider's Parents." (If Rider is age 18 or older, Rider need not have Rider's Parents enter into this Agreement but must provide signed agreement.)

#### **Rider's and Rider's Parents' Assumption of Risks and Agreement to Hold MHEM Harmless.**

- 1. Risk of Loss or Damage to Rider's and Rider's Parents' Property.** Rider and Rider's Parents understand that bringing personal property, such as tack, equipment, feed, automobiles or horse trailers, to any stable, including the lesson facility, is inherently risky. For example, property may be damaged or stolen by other riders, rodents and other wild animals, horses, weather conditions, earthquakes or fire. **Rider and Rider's Parents understand and expressly assume all risks of bringing personal property to the lesson facility, including the risk that the MHEM Parties may be negligent. Accordingly, Rider and Rider's Parents agree to hold the MHEM Parties harmless for loss of or damage to Rider's and Rider's Parents' property. Rider and Rider's Parents understand and agree that they are solely responsible for safeguarding and insuring their own property.**

Rider's initials: \_\_\_\_\_ Rider's Parents' initials: \_\_\_\_\_

- 2. Risk of Injury or Death to Rider and Rider's Parents.** Rider and Rider's Parents understand that horse-related activities, even under the supervision of an equine professional, are
- 3. inherently dangerous and expressly assume the risks associated with handling, caring for and riding horses at the lesson facility, as part of MHEM's lesson program, and otherwise pursuant to this Agreement. Rider and Rider's Parents understand that horses are inherently**



# HAYDEN

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## SHOW JUMPING

4. unpredictable animals and even the most docile horse may occasionally bolt, spook, buck, rear, bite, kick, pull back or otherwise act in such a way that may injure Rider, Rider's Parents or others. The lesson facility may contain defects. For example, footing at the lesson facility, including round pen and arena footing, can contain holes, rocks, uneven portions or otherwise be unpredictable. **Rider and Rider's Parents expressly assume all risks of engaging in horse-related activities pursuant to this Agreement, including the risk that the MHEM Parties may be negligent. Accordingly, Rider and Rider's Parents agree upon behalf of themselves, their heirs, guardians and legal representatives, not to sue the MHEM Parties or otherwise make a claim against such parties in connection with any injury or death occurring in connection with this Agreement.**

Rider's initials: \_\_\_\_\_ Rider's Parents' initials: \_\_\_\_\_

5. **Risk of Loss of or Injury to Rider's Horse.** Rider and Rider's Parents understand that using Rider's horse in any lesson program, including MHEM's program, is inherently risky. For example, in common areas of the lesson facility, such as arenas, tie racks and wash racks, other horses could bite, kick, run into or otherwise injure Rider's horse. Rider's horse may catch diseases or other contagious conditions from other horses at the lesson facility. Farm machinery, traffic or other hazards at the lesson facility may spook Rider's horse. In wet or cold weather, the lesson facility, including round pens and arenas, may become muddy or slippery, injuring Rider's horse. The lesson facility may contain defects. For example, footing at the lesson facility, including round pen and arena footing, can contain holes, rocks, uneven portions or otherwise be unpredictable. As at any riding lesson facility, there is always a risk of fire or theft. Each horse is an individual and accordingly, Rider's horse may react unexpectedly to MHEM's training methods, causing injury to or loss of Rider's horse. **Rider and Rider's Parents understand and expressly assume all risks of having Rider's horse participate in MHEM's lesson program, including the risk that MHEM, MHEM's owners, officers, directors, shareholders, employees, contractors or agents, and the lesson facility where MHEM provides lessons and its owners, officers, directors, shareholders, employees, contractors or agents (collectively, the "MHEM Parties") may be negligent. Accordingly, Rider and Rider's Parents agree to hold the MHEM Parties harmless for loss of or injury to Rider's horse.**

Rider's initials: \_\_\_\_\_ Rider's Parents' initials: \_\_\_\_\_

6. **Waiver of Unknown Claims.** Rider and Rider's Parents understand that applicable state laws or regulations may contain provisions designed to prevent Rider and Rider's Parents from waiving claims that are unknown to Rider or Rider's Parents at the time they agree to a waiver of claims. Rider and Rider's Parents agree to waive all rights that they might otherwise have under such laws or regulations. Rider and Rider's Parents, on behalf of himself/herself and Rider, hereby expressly waives any and all rights and benefits conferred upon Rider by SECTION 1542 OF THE CALIFORNIA CIVIL CODE, which provides: "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR."

Rider's initials: \_\_\_\_\_ Rider's Parents' initials: \_\_\_\_\_

Rider's Name: \_\_\_\_\_

Rider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rider's Parent's Name: \_\_\_\_\_

Rider's Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HAYDEN

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## SHOW JUMPING

### Medical Release - Minor

I, the undersigned, being the parent or guardian of \_\_\_\_\_, a minor child whose birth date is \_\_\_\_\_, state that:

I have engaged MH Equine to provide training and/or lessons for my child in the riding of horses. I recognize that horses are unpredictable by nature and therefore any involvement with horses has certain risks and the possibility of physical injury. On behalf of my child and my family, I assume such risk and release MH Equine, their agents, employees, and owners of horses used in the program from liability in the event of any physical injury suffered while participating in horse related activities. This release includes riding done on the premises operated by Mickey Hayden or at horse shows, wherever located, whether Mickey Hayden, his agents, or employees are present or not.

I also agree and acknowledge that hard hats are to be worn when riding and proper footwear is to be worn at all times.

I further specifically give consent to any examination, x-ray, anesthetic, medical/surgical diagnosis or treatment and/or hospital service that may be rendered to my child in the event of any medical emergency occurring, under the general or specific instruction of any reputable physician designated by Mickey Hayden, his agents, or employees. This consent is given whether such diagnosis or treatment is rendered at the facilities of MH Equine, at the office of the physician, or at the hospital. It is understood that this consent is given in advance, to authorize emergency treatment if I am not available personally, therefore enabling such physician to use his best judgment as to the requirement of my child's diagnosis and treatment.

**Please Print Legibly – this information will be used in case of emergency and we must be able to read it!!**

Name of Family Physician: \_\_\_\_\_

Child is allergic to the following medications: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In emergency please notify:** \_\_\_\_\_

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

Pager: \_\_\_\_\_ Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

\_\_\_\_\_

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





# HAYDEN

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## SHOW JUMPING

### AUTHORIZATION FOR AGENT TO CONSENT TO MEDICAL TREATMENT OF A MINOR

I, \_\_\_\_\_, am the lawful parent or guardian of  
\_\_\_\_\_ (“Child”) and have all legal rights to enter into this Agreement on behalf of  
Child.

I hereby authorize Mickey Hayden, Lane Clarke, April Branson, and the trainers and staff at MH Equine, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care of \_\_\_\_\_ deemed advisable by a licensed physician and surgeon and provided by that physician or under that physician’s supervision, regardless of where that treatment is provided.

This authorization is made under California Family Code § 6910.

I agree to be solely responsible for the costs of all treatment administered to Child pursuant to this Authorization, whether or not covered by my insurance.

**Signature:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

Please specify relationship to minor:

parent with legal custody

guardian with legal custody



# HAYDEN

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## SHOW JUMPING

### AGREEMENT TO PERMIT USE OF LIKENESS

In consideration for my participation in the MH Equine program, I agree as follows:

I hereby irrevocably grant to MH Equine the right to (a) videotape, film, and photograph me and my actions, and record my voice, and (b) to use my name, any photograph or other recording of me or my voice, or any actual or simulated likeness of me (collectively, the "Material"). I understand that MH Equine may use such Material in connection with marketing MH Equine, fund raising or other activities that benefit MH Equine. I agree that MH Equine may use the Material for such purposes.

I represent and warrant that I have the full right, power and authority to enter into this Agreement and to grant all rights granted hereunder. If I am under the age of 18 or otherwise not competent to execute this Agreement, my parent(s) or legal guardian(s) will co-sign this Agreement, and together we will have the right, power and authority to enter into this Agreement and grant all rights granted hereunder.

AGREED AND ACCEPTED on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Print Name: \_\_\_\_\_

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

### **Consent of Parent or Guardian (if applicable)**

I represent and warrant that I am the parent or legal guardian of \_\_\_\_\_ ("Rider"), whose name and signature appear above. I hereby fully consent to and approve the execution of this Agreement by Rider and acknowledge that I have read and am familiar with each and all of the terms and conditions contained in it.

Print Name: \_\_\_\_\_

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



# HAYDEN

## SHOW JUMPING

### Emergency Contact Form MH Equine Inc / Hayden Show Jumping

**Rider's Information:**

Name: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone number: ( ) \_\_\_\_\_  
 Alternate telephone number: ( ) \_\_\_\_\_  
 Fax number: ( ) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

**Rider's Emergency Contact:**

Name: \_\_\_\_\_  
 Telephone number: ( ) \_\_\_\_\_  
 Alternate telephone number: ( ) \_\_\_\_\_  
 Fax number: ( ) \_\_\_\_\_  
 Relationship to Rider (e.g., parent or spouse): \_\_\_\_\_

**Rider's Alternate Emergency Contact:**

Name: \_\_\_\_\_  
 Telephone number: ( ) \_\_\_\_\_  
 Alternate telephone number: ( ) \_\_\_\_\_  
 Fax number: ( ) \_\_\_\_\_  
 Relationship to Rider (e.g., parent or spouse): \_\_\_\_\_

**Physician Contact Information:**

Physician Name: \_\_\_\_\_  
 Physician Phone Number: \_\_\_\_\_  
 Street address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Health Insurance:**

Company Name: \_\_\_\_\_  
 Insured Name: \_\_\_\_\_  
 Plan ID: \_\_\_\_\_ Group Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Relationship to Rider (e.g., parent or spouse): \_\_\_\_\_



# HAYDEN

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## SHOW JUMPING

**I authorize MH Equine to charge my credit card a \$100 deposit plus an additional \$350 to enroll in the Equestrian Summer Camp.**

**Thank you!**

**We accept Visa and MasterCard**

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVC# \_\_\_\_\_

Authorized Cardholder Signature: \_\_\_\_\_

Name on credit card (please print): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Name and phone number to call regarding credit card if problems arise when we need to charge the card:

\_\_\_\_\_