



LEFEVER TRAINING CENTRE
1177 Hwy 12
Roberts, Wisconsin 54023
Barn: (715) 749-3600

Dear Camp Participant(s):

Thank you for your interest in the upcoming 2013 summer camps!

Enclosed are the camp forms which need to be filled out completely and returned to us prior to attending your first day of horse camp. Mail all completed forms along with \$50 deposit made out to **Don LeFever** to our bookkeeper **Wendy Dernovsek** at **563 Lundy Lane, Hudson, WI 54016**. The balance of \$100 can be paid at the facility on the first day of camp.

If you or your parents have any questions, please give us a call. We look forward to seeing you at camp!

Sincerely,

Don & Teresa LeFever

LEFEVER TRAINING CENTRE

www.lefevertc.com

1177 Hwy 12 Roberts, WI 54023

Phone: 715-749-3600 email: lefevertc@aol.com

2013 SUMMER CAMP DATES

Below are the dates set for this year's camps. Please mark which session(s) your child is attending. Cost for each four day session is \$150; a \$50 deposit is required to hold your reservation with payment due in full prior to each session attended. Each session runs from **9 a.m. to noon**.

Session #1: _____ **June 18 – 21**
TUES. – FRI.

Session #2: _____ **July 9 – 12**
TUES. – FRI.

Session #3: _____ **August 5 – 8**
Mon. – Thurs.

Attire requirements: Each rider will need to wear long pants (preferably jeans) and cowboy boots. (Boots can be purchased at Fleet Farm). Also required is a riding helmet – riders may bring their own or one will be provided for you to use. LeFever Training Centre will provide a snack and juice. If rider has any food allergies they may bring their own snack. Riders should also bring a water bottle.

Waiver, Release and Indemnification Agreement

The undersigned hereby agrees to indemnify and hold harmless Donald LeFever, the LeFever Training Centre and all of their offices, employees and agents for any liability or claim of any kind, including attorney's fees incurred in defending any such liabilities or claims arising from the undersigned's riding or driving lessons on the premises whether such claim is brought by the undersigned or a third party.

IN WITNESS WHEREOF, the undersigned have set their hands on the _____ day of _____, 20____.

Participant: _____ Age: _____

Address: _____ State/Zip: _____

Phone #: _____ Work/Cell: _____

Signature: _____ Relationship to rider: _____

(Must be 18 yrs. of age to sign – if signing for minor, relationship must be listed)

UNDER WISCONSIN LAW

A participant in recreational activities (including equine activities) accepts the risks inherent in the recreational activity of which the ordinary prudent person is or should be aware.

WIS. STAT. S895.525 (1994)

Signature: _____ **Date:** _____

For office use – Date paid: _____ **Check #:** _____

**LEFEVER TRAINING CENTRE
EMERGENCY CARD**

FULL NAME _____

STREET ADDRESS _____

CITY _____ **STATE/ZIP** _____

HOME TELEPHONE # _____

EMAIL ADDRESS _____

_____ Check here to receive email confirmation upon receipts of forms/payment

_____ Check here if you would like to receive emails on upcoming events @ LTC

EMERGENCY CONTACT INFORMATION:

MOTHER: Work #: _____ **Cell #:** _____

FATHER: Work #: _____ **Cell #:** _____

OTHER EMERGENCY CONTACT – NAME: _____

PHONE: _____

Indicate relationship to participant: _____

DOCTOR'S NAME: _____

TELEPHONE #: _____

Insurance Co: _____ **Policy #:** _____

DENTIST'S NAME: _____

TELEPHONE #: _____

Insurance Co.: _____ **Policy #:** _____

Permission to provide necessary treatment or Emergency care: I hereby give my permission to be treated for emergency and life threatening injuries; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for emergency situations. In the event that I cannot be reached, I hereby give permission to a trained medical personnel to secure and administer treatment, including hospitalization, for the above named person.

Signature of parent/guardian _____

Date _____