

MAHAFFEY CAMP & CONFERENCE CENTER HORSE CAMP PARTICIPANT WAIVER & RELEASE
(Required for all Horse Camp participants)

Return by July 25 via: Email: office@mahaffeycamp.com or Mail: PO Box 277, Mahaffey, PA 15757

Participant Information

Camper Name: _____

Riding Experience (hours): _____ Never ridden before

Participant Name(s): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Acknowledgment of Risk and Waiver of Liability

I understand that horseback riding and related equine activities involve **inherent risks**, including potential injury or death. I acknowledge and accept all such risks, whether known or unknown.

In consideration of being permitted to participate in Horse Camp, I (and my parent/guardian if under 18) voluntarily release, waive, and discharge **Mahaffey Camp & Conference Center** and **The Christian & Missionary Alliance**, including their officers, staff, volunteers, and representatives ("the Camp"), from any and all liability for injury, loss, or damage arising from participation in horse-related activities on or off camp property, including use of leased horses.

I further agree to **indemnify and hold harmless Mahaffey Camp** from any claims arising from my (or my child's) actions while participating in Horse Camp.

This waiver is **binding and indefinite**, and applies to all horse-related activities at Mahaffey Camp.

Conditions of Participation

- I understand **appropriate attire is required**, including **closed-toe shoes**.
- I certify the participant's weight is under 250 lbs.
- I understand that participation without a signed waiver is prohibited.

Equine Activity Law Notice. Pursuant to Pennsylvania's Equine Activity Liability Act:

"You assume the risk of equine activities pursuant to Pennsylvania law."

Signature of Parent/Guardian (if under 18):

_____ Date: _____

Signature

Printed Name

Signature of Participant (if 18 or older):

_____ Date: _____

Signature

Printed Name