



Dunrovin Ranch 2026 Ranch Camp

www.dunrovinranchmontana.com

1-406-273-7745

Registration Form

*Name of Program: Horse Camp

*Child's Name (First, Last):

*Child's Age:

Height:

Weight:

*Parent(s)/Legal Guardian(s) Name (First, Last):

*Mailing Address:

*City:

*State/Province:

*Zip/Postal Code:

*Country:

*Email Address:

*Cell Phone Number:

*Secondary Phone Number:

Would You Like Email Notification of Expeditions and Special Events At Dunrovin? YES NO

* required fields

Please answer the following questions about your child's horseback riding experiences.

Please rate your child's horseback riding ability. (circle one) Advanced Intermediate Novice Beginner

When was the last time your child rode a horse?

Has your child ever attended this camp? YES NO

Has your child ever taken riding lessons? YES NO

If yes, how many years?

If yes, how many times?

Briefly describe your child's horseback riding experience(s). If NONE, describe their experience with other large animals.

Do you or your child have any concerns about horseback riding?

What are you and your child's goal(s) for Horse Camp?

Medical Emergency Information

*Emergency Contact 1:

*Mailing Address:

*City:

*State/Province:

*Zip/Postal Code:

*Country:

*Email Address:

*Daytime Phone Number:

*Evening Phone Number:

*Cell Phone Number:

*Emergency Contact 2:

*Mailing Address:

*City

*State/Province:

*Zip/Postal Code:

*Country:

*Email Address:

*Daytime Phone Number:

*Evening Phone Number:

*Cell Phone Number:

Medical Insurance Company:

*Policy Number:

*Member Number:

*Mailing Address:

*City:

*State/Province:

*Zip/Postal Code:

*Country:

* Phone Number:

*Email Address:

Childs Physician:

Telephone:

Pertinent Prior Medical History:

Medical or Food Allergies:

Medications:

Other pertinent behavioral information of which we should be aware:

If emergency medical care is required for my child and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

I have read this release statement and agree to it:

Signature

Date

If this Agreement pertains to a minor child (named above), the person signing below must be the parent or legal guardian of the minor child and have authority to enter into this Agreement on behalf of the minor child.

Signature

Date

IMPORTANT – PLEASE READ THE FOLLOWING

Due to the nature of Dunrovin Ranch Summer Camp and the safety concerns that are inherent when taking horse lessons, to prevent avoidable mishaps all children are expected to listen to and follow instructions of all Dunrovin Ranch staff. If a child's behavior is determined, by Dunrovin Ranch staff, to be unsafe, your child will be asked to sit out for the day. If unsafe behavior continues to be a problem, your child will be removed from Dunrovin Ranch Summer Camp, with no refund available.

I have read and agree to this statement:

Print Minor's Name (First, Last)

If this Agreement pertains to a minor child (named above), the person signing below must be the parent or legal guardian of the minor child and have authority to enter into this Agreement on behalf of the minor child.

Print Guardian's Name (First, Last)

Guardian's Signature

Date

All children are required to wear **long pants** and **sturdy, closed toe shoes(preferably with a heel)** while attending the horseback riding portion of Dunrovin's Summer Camp. We live in Montana and the weather can vary, as we all know; please send **weather-appropriate clothing** (rain jacket, sunscreen, a brimmed hat, and gloves, etc.) with your child(ren) every day. One piece or mid drift covering swimsuits are encouraged for river activities. Your child(ren) will also need a **sack lunch** and a **water bottle** every day. We will provide snacks.

Thank you,
Dunrovin Ranch Staff

**RELEASE OF LIABILITY AND HOLD HARMLESS
ASSUMPTION OF THE RISK**

Please read this carefully.

---WARNING---

UNDER MONTANA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT THERE ARE INHERENT RISKS IN USING AND BEING AROUND HORSES. THOSE RISKS INCLUDE BODILY INJURY AND DEATH. I UNDERSTAND THAT HORSES ARE UNPREDICTABLE AND CAPABLE OF SUDDEN, UNEXPECTED, AND POTENTIALLY DANGEROUS MOVEMENTS DESPITE THEIR PRIOR HISTORY. I FURTHER UNDERSTAND THAT HORSES ARE EASILY FRIGHTENED BY SOUND, SUDDEN MOVEMENT, UNFAMILIAR OBJECTS, SMELLS, PERSONS OR OTHER ANIMALS. THEY MAY RUN, BITE, BUCK, OR KICK. HORSES MAY ALSO ENCOUNTER NATURAL HAZARDS, SUCH AS SURFACE OR SUBSURFACE CONDITIONS, AND MAY REACT UNPREDICTABLY. THEY MAY EVEN COLLIDE WITH OTHER OBJECTS, PERSONS, OR ANIMALS. RIDERS CAN ALSO FALL OFF OF HORSES AND INJURE THEMSELVES.

BY SIGNING THIS DOCUMENT YOU MAY BE WAIVING YOUR LEGAL RIGHT TO A JURY TRIAL TO HOLD THE PROVIDER LEGALLY RESPONSIBLE FOR ANY INJURIES OR DAMAGES RESULTING FROM RISKS INHERENT IN THE SPORT OR RECREATIONAL OPPORTUNITY OR FOR ANY INJURIES OR DAMAGES YOU MAY SUFFER DUE TO THE PROVIDER'S ORDINARY NEGLIGENCE THAT ARE THE RESULT OF THE PROVIDER'S FAILURE TO EXERCISE REASONABLE CARE.

In consideration for the permission and privilege to use and/or be around horses, carriages and equipment located at Dunrovin Ranch, LLC ("Dunrovin Ranch"), and Flutterby Holistic Equine Therapy and to remain on those premises, and to be transported and ride off site on back country trail rides, I voluntarily agree to the terms of this RELEASE OF LIABILITY AND HOLD HARMLESS. I have acquainted myself with rules of safety applicable to any involvement with horses and their environment, and I understand that it is not anyone else's obligation to teach them to me. I have read and understand the warnings listed above regarding horses and their environment. I understand that I am responsible for maintaining control of my person and the equipment, devices, or animals I may be using while participating in activities on the above-stated premises. I acknowledge that the Dunrovin Ranch property includes many inherently dangerous features including but not limited to access to the Bitterroot River, irrigation equipment, fire pit, hot tub spa, farm animals, dogs, forested areas with downed trees, uneven ground, and electric fences. I acknowledge that riding, carriage rides, wagon rides, being around horses carries the risk of serious injury and death, and horseback riding in Montana's backcountry is especially dangerous because of uncontrollable conditions presented in backcountry situations, including but not limited to quickly changing weather, challenging terrain, other animals, wildlife, and long distance to emergency medical services.

I further understand that it is my responsibility to refrain from acting in any manner that may cause or contribute to injury to myself or to others while participating in activities on the above-stated premises. I hereby represent that I am capable of using and being in close proximity to horses and their environment. I further represent that I am competent and capable to participate in the activities I will be participating in and agree to act within the limits of my abilities.

I hereby release, waive, and forever discharge Dunrovin Ranch, Suzanne M. Miller, Sterling D. Miller, both jointly and severally; their employees and agents; and its owners, shareholders, employees, volunteers, agents, officers, and directors from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting during my presence or the presence of my family or spectators at where such injury, property damage, or death is caused by negligence. I assume full responsibility for the risk of bodily injury, death, or property damage during my presence or the presence of my family or spectators and hold Dunrovin Ranch, jointly and severally; their employees and agents; and its owners, shareholders, employees, volunteers, agents, officers, and directors harmless from any liability therefrom.

I understand that I am assuming 100% of the risk of injury or death directly or indirectly arising as a result of my presence and equine activities at Dunrovin Ranch as well as off of the Ranch, through a Dunrovin equine activity.

This release shall be governed by the laws of the State of Montana. If any portion of this release is held invalid by a court, it is agreed that the remainder of this release shall continue in full legal force and effect notwithstanding the invalidity of any portion of it.

If I have requested that you allow a minor child or children of mine to be present and participate in the equine activities, then the provisions of this release and hold harmless shall apply to such child or children. I represent that I have the legal authority to enter into this release on behalf of the minor child(ren).

This release is given on behalf of myself, spouse, legal representatives, administrators, executors, heirs, and assigns and in the case of any child or children of mine, on behalf of them and their legal representatives, administrators, executors, heirs, and assigns. This release is an ongoing release and remains in effect until I have revoked it in writing.

I understand that this document is a contract and agree that if a lawsuit is filed against Dunrovin Ranch, both jointly and severally; their employees and agents; and its owners, shareholders, employees, volunteers, agents, officers, and directors for any injury or damage in breach of this contract, I will pay all attorney's fees and costs incurred to defend that lawsuit. I agree that any dispute shall be settled in Missoula County, Montana.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS AN AGREEMENT AND PROMISE NOT TO SUE AND A RELEASE AND INDEMNITY AND HOLD HARMLESS FOR ALL CLAIMS. I ACKNOWLEDGE AND AFFIRM THAT I HAVE CAREFULLY READ THE CONTENTS OF THIS RELEASE, I FULLY UNDERSTAND ITS MEANING INCLUDING THAT I AM WAIVING IMPORTANT LEGAL RIGHTS AND I SIGN THIS RELEASE VOLUNTARILY.

DATED: _____

Printed Name of Rider or Minor Child _____

Signature of Rider, or if minor, Parent of Minor Child _____

Signature of Minor Child _____

Address: _____

Phone: _____



**Dunrovin Ranch Live Video and Photography
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY,
AND INDEMNITY AGREEMENT**

I understand that DUNROVIN RANCH, including its partners and affiliates, operate video cameras that both broadcast and store images of Dunrovin Ranch activities. I further understand that my image may be captured by the Dunrovin Ranch cameras while I am engaged in Dunrovin Ranch activities, either on or off Dunrovin Ranch.

I hereby authorize Dunrovin Ranch (and its affiliates Days of Dunrovin and Friends of Dunrovin) to broadcast, stream, or otherwise publish live or stored images of me engaging in Dunrovin Ranch activities as captured by the Dunrovin Ranch cameras. I further expressly authorize Dunrovin Ranch and its affiliates to utilize any such images for advertising or promotional purposes, including but not limited to printed and electronic publications to promote Dunrovin Ranch or its affiliates' activities.

I recognize and accept that there are risks associated with exposure of images in public and the Internet. I further agree that Dunrovin Ranch, Days of Dunrovin, and Friends of Dunrovin and their partners, contractors, employees, volunteers, agents or other persons engaging in Dunrovin Ranch activities are not responsible for any harm or damage that occur as a result of the publication of said images.

I HAVE READ THE ABOVE PARAGRAPHS RELATING TO BROADCASTING AND PUBLICATION. BY SIGNING BELOW, I UNDERSTAND THAT I AM ASSUMING RESPONSIBILITY FOR ANY AND ALL RISKS RELATING TO BROADCASTING AND PUBLICATION OF MY IMAGE; WAIVING MY RIGHT TO SUE; AND RELEASING DUNROVIN RANCH, SUZANNE M. MILLER, STERLING D. MILLER, AND THEIR EMPLOYEES AND AGENTS FROM ANY AND ALL CLAIMS.

DATED: _____

Printed Name of Rider or Minor Child _____

Signature of Rider, or if minor, Parent of Minor Child _____

Signature of Minor Child _____

Address: _____

Phone: _____