

Wishing Wells Performance Horses LLC  
2025 Summer Camp Application

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are text messages ok? \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Information(Allergies,physical limitations): \_\_\_\_\_

Camp Week:

\_\_\_\_\_ June 16<sup>th</sup> -19<sup>th</sup>

\_\_\_\_\_ July 7<sup>th</sup> - 10<sup>th</sup>

\_\_\_\_\_ June 23<sup>rd</sup> - 26<sup>th</sup>

\_\_\_\_\_ July 14<sup>th</sup> - 17<sup>th</sup>

Each week meets Monday- Thursday from 8:30am to 12:30pm. Please provide a water bottle and sunscreen for your child. Campers should wear jeans and closed toe shoes each day. Please arrive no earlier than 8:20am.

\*Before and After Care can be arranged for \$20/hour/child. Consult with Andi to make arrangements prior to your camp week.

Photo Release: \_\_\_\_\_ I give my permission for my child to be photographed/filmed during the Wishing Wells Performance Horses Riding Camp doing activities and that such images can be used on Facebook, our website, or advertising materials using only the child's first name for identification.

\_\_\_\_\_ I do not give permission for my child to be photographed/ filmed during the Wishing Wells Performance Horses Riding Camp.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

Please return Camp Application and Riding Waiver along with a \$100 non-refundable deposit to:  
Wishing Wells Performance Horses  
17672 35<sup>th</sup> St.  
Mechanicsville, IA 52306

\*Please make checks out to Wishing Wells Performance Horses

\*Venmo is available @Andi-Wells

\*Balance of \$200 due first day of camp

\* Questions? Please Call Andi at (515) 771-1351

**EQUINE RELEASE AND WAIVER OF LIABILITY  
ASSUMPTION OF RISK, AND INDEMNITY  
AGREEMENT**

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

Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Important Notice**

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR THE USE OF ANY HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT **WISHING WELLS PERFORMANCE HORSES**, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR **WISHING WELLS PERFORMANCE HORSES LLC, ANDRIA WELLS, OR TORY WELLS**.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT, YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will allowed to participate in, and that I hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- \*Bites, kicks, abrasions or contusions from horses.
- \*Being thrown or bucked off by horses
- \*Scratches or other injury from stalls or enclosures
- \*Scratches or other injury from grooming tools and other equine equipment and tack.
- \*Allergic reactions to animals, hay, or other allergens.
- \*Tripping in holes or on materials or equipment
- \*Slipping, falling, or otherwise being injured in the barn, stalls, or on the grounds, which can be slippery, muddy, wet or contain or present other hazards.

I hereby specifically forever waive and release Wishing Wells Performance Horses LLC, Andria Wells, and Tory Wells, (and those acting on their behalf), hereinafter referred to as, "The Facility", and all principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment and/or with horses as well as from the unintentional negligence of The Facility and their principals and agents.

By signing this agreement, I hereby acknowledge that although there may be supervision during my time spent at *Wishing Wells Performance Horses LLC*, there will **not** be a nurse on the premises and *Wishing Wells Performance Horses LLC, The Facility, and their principals and agents* bear no responsibility for my health or medical care.

I agree to indemnify, save and hold harmless Wishing Wells Performance Horses LLC, The Facility, Andria Wells, Tory Wells and their principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at Boulder Creek Equestrian Center or any acts or omissions of Boulder Creek Equestrian Center, The Facility, Andria Wells, and principals or agents.

By signing this Agreement, I hereby acknowledge my complete understanding, agreement, and consent to my presence and/or participation in the activities at Wishing Wells Performance Horses LLC, without restriction, without liability to Wishing Wells Performance Horses LLC, The Facility, Andria Wells, Tory Wells, and their principals or agents and with full knowledge and understanding of the disclosures, waivers, and releases herein.

\*If I am present at and participate in the activities of Wishing Wells Performance Horses LLC I do so at my own risk and I hereby acknowledge and agree that Wishing Wells Performance Horses LLC., The Facility, Andria Wells, Tory Wells, and/or any of their principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at Wishing Wells Performance Horses LLC.

**Iowa Code Chapter 673: WARNING UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.**

\_\_\_\_\_  
Printed Name of the Participant

\_\_\_\_\_  
Participants Signature (If over 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian if Participant under 18

\_\_\_\_\_  
Printed Name of Parent/ Guardian if Participant under 18