

2929 AIRPORT BLVD
WATERLOO, IA 50703

Date Received

Wapsi Wrangler Horsemanship Merit Badge Program

| | |
|---------------------|---|
| Unit Number | |
| Leader In Charge | |
| Leader Address | |
| Leader Phone | |
| Leader e-mail | |
| # of Participants | |
| Date of MB | Saturday or Sunday Only |
| Time of Merit Badge | Allow 6 Hours for MB course (Must finish before Sunset) |

THE UNIT/ORGANIZATION AGREES THAT:

Reservations are accepted on a first come, first served, and paid in full basis.

If your unit, group, or organization cancels a reservation, the fees are not refundable but are transferable to another Merit Badge Program. If cancelled seven days or less prior to the date of your ride, a 50% penalty will be assessed.

At least two adults must accompany all youth groups and be in attendance at all times during their stay. One adult must be at least 21 years of age and one must be at least 18 years of age.

Health and accident insurance is a unit, organization, individual and parental responsibility. It is NOT provided by the Wapsi Wranglers as part of the trail ride fee.

The Wranglers on site will make all horse assignments, based on the rider's size and ability. They are in charge at all times. Decisions of the Wranglers are final.

The adults accompanying youth groups are to maintain control of the group and administer discipline.

COPY SENT TO THE FOLLOWING
BY BSA OFFICE:

Trail Boss ___

Ranger ___ Customer ___

OF INFORMED CONSENT FORMS _____

AMOUNT RECEIVED \$ _____

RECEIPT# _____

WINNEBAGO BOY SCOUTS OF AMERICA

DATE _____

WAIVER OF LIABILITY

I FULLY UNDERSTAND THAT MY Son's PARTICIPATION IN THE HORSEBACK RIDING PROGRAM

Offered by the Winnebago Council, Boy Scouts of America, involves a greater risk because it involves horses. Although I fully appreciate these risks, I desire to participate (or desire for my son or daughter to participate). I waive all claims I may have against the Winnebago Council, Boy Scouts of America, The National Council, Boy Scouts of America, all employees, volunteers, and administrators associated with the Winnebago Council Horseback Riding Program resulting in whole or in part from my Son's participation in the Horseback Riding Program. This waiver shall be binding on my heirs, legatees, administrators, and assignees.

PRINT NAME OF RIDER _____

SIGNATURE OF RIDER _____
(if 18 years of age or older)

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____
(if rider is under 18 years of age)

DATE _____

NOTE: THIS MUST BE TURNED IN TO THE WRANGLER AT CAMP
THE DAY OF YOUR Merit BADE ALONG WITH THE GROUP'S
ROSTER.