



2017 CAMP REGISTRATION INFORMATION

Camper _____ Date of Birth _____ Age _____ Gender: M F
Weight _____ Height _____ T Shirt (Circle one) Youth: S M L XL Adult: S M L XL
Does camper have special needs? Y / N Describe: _____

Does camper have riding experience? Y / N Describe: _____

Parent / Guardian Information:

Name _____
Address _____
City _____ State _____ Zip _____ Email _____
Cell Phone _____ Home Phone _____ Work Phone _____

Please select preferred camp:

- Camp 1 (Ages 8 - 18): July 31 - August 4 (Monday - Thursday 10am to 3pm, Friday 9 to 1) \$275
- Camp 2 (Ages 5 -7): August 7 - August 11 (Monday - Friday 9am to 12pm) \$175

Deposit due by July 1

General Camp Information:

Each day will include a riding lesson, arts and crafts and a hands on educational horsemanship experience. Our miniature horses and donkeys will join in on the fun for a dress-up parade. The last day we will show off our crafts and riding skills for parents and friends.

A PATH certified instructor will conduct all riding activities.

Important Requirements:

- All riders will be required to wear a helmet when mounted. Helmets will be provided.
- Campers may come dressed in typical summer clothing, but will need to bring a pair of long pants for riding. Closed toe shoes are required at all times as we go in and out of the barn frequently. **CAMPERS WILL NOT BE ALLOWED IN THE BARN WITHOUT APPROPRIATE FOOTWEAR!** (tennis shoes or boots)
- Full day campers will need to bring a sack lunch each day.
- NTRC will provide daily snacks and water.
- Please apply sunscreen and bug spray as needed prior to arriving at camp as some activities may be outdoors.



EMERGENCY MEDICAL PLAN AND PHOTO RELEASE

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required for Participant due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Northland Therapeutic Riding Center to:

1. Secure and retain medical Treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Name _____ Date _____

Authorization Signature _____ Phone _____
Participant, Parent or Guardian

In the event the above designated person is not available, the following people may be contacted in an emergency situation:

Emergency Contact _____ Relation _____ Phone _____

Emergency Contact _____ Relation _____ Phone _____

Physician Name _____ Phone _____

Preferred Medical Facility: _____

Health Insurance Company _____ Policy # _____

Consent Plan for Emergency Medical Treatment

I give authorization for emergency medical treatment which includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician for Participant. This provision will only be invoked if the person below is unable to be reached.

Participant Name _____ Date _____

Consent Signature _____ Phone _____
Participant, Parent or Guardian

Non-Consent For Emergency Medical Treatment

I **DO NOT** give consent for emergency medical treatment/aid in the case of illness or injury to Participant. In the event of an emergency I wish the following to take place: _____

Participant Name _____ Date _____

Non-Consent Signature _____ Phone _____
Participant, Parent or Guardian

Photo Release

I consent to and authorize I **DO NOT** consent to the use and reproduction by Northland Therapeutic Riding Center of any and all photographs and any other audio-visual materials taken of me, my child(ren), ward or other family member for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____
Participant, Parent or Guardian



**RIDER RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

Whereas, _____
Participant's Full Name - Please Print

will be participating as a rider in lessons and other equestrian activities organized by Northland Therapeutic Riding Center, a Missouri non-profit corporation doing business as "NTRC" and "Northlandtrc" (hereinafter referred to as "NTRC"):

Please initial one of the following:

_____ Now, therefore, I the undersigned *parent or legal guardian of the rider* named above who is under 18 years of age, for myself and on behalf of the rider named above, his or personal representatives, estate, heirs, assigns, and next of kin,

_____ Now, therefore, I, the *rider* named above, am 18 years of age or older, and I, my personal representatives, estate, heirs, assigns, and next of kin,

do hereby agree to give up any and all of my legal rights against NTRC, its agents, employees, volunteers, officers, directors, representatives, assigns, members, owners of riding premises and trails used in its equestrian activities, affiliated organizations, people with whom it has contracts to provide facilities or services, insurers, and others acting on its behalf ("hereinafter collectively referred to as "RELEASED PARTIES"), as more specifically indicated below:

Acknowledgement of Danger and Assumption of Risk

I acknowledge that riding horses, being near horses, and being at equestrian facilities and on trails, is **inherently dangerous**, and that no amount of care, caution, instruction, or supervision can eliminate such **dangers**.

I acknowledge such dangers include, but are not limited to the following:

1. A horse that may, among other things, buck, stumble, fall, rear, bite, kick, run, stomp, make unpredictable movements, spook, jump obstacles, step on a person's feet, and push or shove a person; saddles, bridles or other equipment that may loosen, break, or otherwise malfunction; other riders who may not control their animals or ride within their ability, and cause a collision or other unpredictable consequence.
2. The negligent or intentional act or omission of RELEASED PARTIES or a third party.
3. Equestrian activities that may be conducted in areas that are subject to change in condition according to weather, temperature, and natural and man-made changes in landscape.
4. An apparent or hidden defect or dangerous condition of the equestrian facilities and trails.

Any of these and other known or unknown **dangers** may cause me to fall or be jolted or injured in another manner, resulting in the possibility of **serious physical and emotional injury, and death**. In addition, I acknowledge that such **injury and death** could result from **self-inflicted injury and death**.

Despite such dangers, I voluntarily assume the risk and danger of serious injury and death inherent in all equestrian activities organized by NTRC.



Helmet Requirement

I acknowledge that NTRC has required me to wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM STANDARD F 1163 equestrian helmet may prevent or reduce the severity of some head injuries.

Release of Liability

I agree to **hold harmless, release and discharge** RELEASED PARTIES **from all claims, demands, causes of action, and legal liability** that I may hereafter have for **injuries, damages, and death** related to NTRC equestrian activities including but not limited to **injury, damages, and death** caused by the negligent or intentional acts or omissions of RELEASED PARTIES or third parties.

I shall **not bring any claims, demands, legal actions, and causes of action** against RELEASED PARTIES for **injury, damage, death, or other losses** sustained by me in relation to NTRC equestrian activities.

Indemnification

I agree to **indemnify and hold harmless** RELEASED PARTIES as to all **claims, actions, damages, costs and expenses, including attorney's fees sustained**, as a result of my participation in NTRC equestrian activities..

Missouri Law

This agreement is governed by the Laws of the State of Missouri. In the event that any portion of this agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforcement of the balance of the agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT; I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY AGREEING TO IT.

Dated _____

Rider's Full Name _____
(please print)

Parent/Legal Guardian
Full Name _____
(please print)

(Please sign)