Grace Equine Summer Day Camp Registration

E-Mail to:
kristingraceequine.com
Kristin's Cell: 817-925-1982

Participant Information

Name: _____

Nickname/Preferred Name: _____

Age & Grade: _____

E-mail Address: _____

Allergies: _____

List any Dietary Restrictions/Food Allergies:_____

_____

Any Physical Activity Limitations or Disabilities? __

_____

Date:_____ Horsemanship Experience: _____

Parent Information

Parent/Guardian: _____

Relation to child: _____

Home Phone #: _____

Work Phone #: _____

Cell/Pager #: _____

E-mail Address: _____

Emergency Contact: _____

Phone #: _____

List who is allowed to pick up your child: _____

_____

Home Address: _____

Goals for child's participation in summer camp: _____

Camp Information

A $50 nonrefundable deposit its required at registration. Please mail a check with your forms or Venmo (@Kristin-Kirkland-7) or Zelle (817-925-1982). Please bring a check made out to Grace Equine or cash for the remaining balance when you come to camp. Thanks!

Participants T-Shirt Size:
Circle One Below
Youth M, Youth L,
Small, Medium, Large,
XLarge, or XXLarge

Select a week of camp:
Please write "1" by first
Preference of the week
Of camp, and a "2" by
The second preference.

____ Week 1
____ Week 2
_____ Week 3
_____ Week 4
____ Week 5
_____ Week 6
_____ Week 7

Payment

Deposit Payment Date: _____

- **Cash: _____**
- **Check #: _____**
- **Zelle or Venmo: _____**

Full Payment Date: _____

Cash: _____

Check #: _____

Zelle or Venmo: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR PARTICIPANTS

Participants Name:_____

Please Print

In case of Emergency, contact: _____ Phone(s): _____

Physician's Name: _____

City:_____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____Policy #: _____

Please indicate any allergies: _____

Please indicate any medical issues that may effect your/your child's participation at Grace Equine. _____

_____

Date of last Tetanus shot: _____

CONSENT PLAN I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Grace Equine, or while being on the property of Stephen & Kristin Kirkland, I authorize Grace Equine to:

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

Participant Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

*(If participant is under 18 years of age, **both** signatures are required)*

PHOTO RELEASE:

____ **I consent** to and authorize ____ I **do not** consent to nor do I authorize the use and reproduction by Grace Equine of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature: _____Date _____

Signature of Parent Guardian _____

*(If volunteer/participant is under 18 years of age, **both** signatures are required)*

POLICY OF CONFIDENTIALITY:

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Grace Equine and not discuss or disclose any sensitive information about any person or their family involved in Therapeutic Riding Lessons.

Participant Signature: _____Date _____

Signature of Parent Guardian _____

*(If volunteer/participant is under 18 years of age, **both** signatures are required)*

RELEASE FOR A MINOR OR WARD

(For Persons Under 18 Years of Age or for Adults Who Have a Legal Guardian)

That I, _____, the undersigned, a parent/legal guardian of _____, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by Grace Equine and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by Grace Equine are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against Grace Equine & Stephen & Kristin Kirkland, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at Grace Equine or while on Stephen & Kristin Kirkland's property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY GRACE EQUINE. **IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT GRACE EQUINE & Stephen & Kristin Kirkland FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance.

SIGNED this the _____ day of _____, 20_____

_____	_____
Parent/Legal Guardian #1	Parent/Legal Guardian #2*****
_____	_____
Printed Name	Printed Name

What to bring to camp:

- ✓ Modest Riding Attire:

Jeans
T-shirt/Tank Top – Sleeves must measure 3 fingers at the top
(No spaghetti strap shirts, No midriffs showing)
Riding Boots w/ small heel – We have boots available if needed
Helmet – ASTI approved – We have helmets available if needed

- ✓ Water Bottle – We will supply ice & water, but personalized bottles are needed.
- ✓ Sunscreen
- ✓ Packed swimming bag:

Swimming Suit – girls - one piece only; boys – trunks only
Shoes to wear outside in wet grass/sprinklers
Beach towel
T-shirt & shorts to wear over your suit to the pool

- ✓ Hat to protect from sun (optional)

Things not to bring to camp:

i-pods, music players, electronic devices
Personal items that can get lost or stolen: excessive jewelry, wallets, etc.
Medicine – all personal meds need to be given to the instructor at the beginning of camp if required

A Sample Day at Camp:

8:30 -	Round Up (Greeting & Devotion)
9:00 -	Horsemanship
11:30 -	Untack & Turn horses out
12:00 -	Lunch
1:00 -	Craft/Art or Fishing
2:00 –	Water games
3:00 -	Devotionals – Quiet time in woods or inside and worship
4:00 -	Hiking, Games
5:00 -	Dinner
6:00-	Evening Talk Times & Group Worship
8:00-	Shower
8:30-9:30	Bed