



<p>Camp Week Selection: 4 Day Camp, 9am-1pm</p> <p>____ Session I: July 11-14 ____ Session II: July 18-21 ____ Session III: July 25-28</p>
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P.O. Box 56 Bridgeville, PA 15017

2022 Summer Camp Participant Registration
\$375 per Camper / \$350 per Sibling per Week

Participant Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____ T-Shirt Size _____

Ethnicity _____ (optional information for grant reporting) Weight _____ (150 lb. weight limit)

Allergies and/or Dietary Restrictions _____

Independent Self Care (feeding, toilet, etc.) YES / NO If NO, please explain: _____

Please note, if self-care and/or mobility assistance is needed, the camper must attend with an aide or support person.

Parent/Guardian _____

Address/Phone (if different) _____

Phone: Home _____ Cell _____

Email _____

Authorized Pick Up Persons:

Name: _____

Relationship to Camper: _____

Phone: _____

Authorized Pick Up Persons:

Name: _____

Relationship to Camper: _____

Phone: _____

Photo Release (Optional)

I hereby consent to and authorize the use and reproduction by Horses with Hope, Inc. of any and all photographs and any other audio/visual materials taken of my son/daughter for promotional printed material, educational activities, or any other use for the benefit of the program.

Date: _____ Signature: _____ (Parent/Guardian)

Please mail completed forms and payment to:

Horses with Hope
PO Box 56
Bridgeville, PA 15017



P.O. Box 56 Bridgeville, PA 15017 Tel: 412-932-6036 Email: annehwh@gmail.com

RELEASE AND HOLD HARMLESS AGREEMENT

Participant Name: _____ Age: _____
Address: _____
City/State: _____ Zip: _____
Home Phone: _____ Business Phone: _____ Other: _____

Inherent Risks of Equine Activities

Anyone who participate in any kind of activities on or about horses, including riding, training, assisting in medical treatment of horses, driving or being a passenger on a horse, or assisting a participant in a horse show or assisting show management, but does not include merely being a spectator to an equine activity, is considered to be engaged in an equine activity.

(1) the propensity of horses to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other horses or objects; (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

Acknowledgement of Risk

I, _____, acknowledge that I have read the above statements and definitions, and hereby indemnify and hold harmless, Horses with Hope, and their employees or owners from any liability arising from accident, injury, theft, or damages to myself, my representatives, and helpers, all equipment and property, and all animals under my jurisdiction. I understand that I must wear a helmet, secured with a harness, at all times when participating in an Equine Assisted Activity offered by Horses with Hope, Inc. I have been informed of Horses with Hope Barn Rules and Policies and Procedures and will adhere to them strictly. This agreement shall continue for each and every visit to participate in an Equine Assisted Activity offered by Horses with Hope, Inc.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ Signed: _____
(participant)

Date: _____ Signed: _____
(parent/guardian if minor)

Grant of Permission

I/we the undersigned, (participant above named for, if minor, parents/guardians) hereby grant permission and authority to Horses with Hope, its officers and authorized representatives to act for us in executing verbal instructions of if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Horses with Hope, their officers, agents, and employee, and owners of any property concerned, and hold harmless from liability for any injury or damage which the rider may sustain while at _____, or participating in any activity sponsored by Horses with Hope and from any liability connected with obtaining prompt medical attention for the participant named above.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ Signed: _____
(Participant)

Date: _____ Signed: _____
(Parent/Guardian; if minor)



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Authorization for Emergency Medical Treatment

Participant _____ Volunteer _____ Staff _____

Name _____ Date of Birth _____

Address _____

City _____ State ____ Zip Code _____

Phone H/ _____ Cell _____

Parent/Guardian _____

Physicians Name _____

Hospital Preference _____

Health Insurance Co _____ Policy # _____

Allergies to Medications _____

Current Medications _____

In the event of an emergency contact;

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

In the event of emergency medical aid/treatment is required due to illness or injury, during the process of receiving services while being on the property of the agency, I authorize Horses with Hope to:
Secure and retain medical treatment and transportation if needed.
Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan: Authorization includes x-ray, surgery, hospitalization, medication and any treatment deemed “life saving” by the physician. This provision will only be invoked if the persons above are unable to be reached.

Date: _____ Consent Signature: _____

Non-Consent Plan: I do not give consent for emergency medical treatment/aid in case of injury or illness while on the property of the agents. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Signature: _____

Horses with Hope

Barn Rules

*These rules have been designed to keep both people and animals safe.

*While horses are loving animals, they are still very large and can be unpredictable. Stay alert when working around horses. Please be mindful of anything that may spook or scare a horse, such as sudden movements or loud noises.

1. Children must be supervised at all times.
2. Regular barn hours are 8:00 AM- 8:30 PM
3. Watch for animals and people as you enter the arena area.
4. No running
5. Absolutely no smoking or vapor
6. All people entering the property must have a signed release form, available on www.horseswithhope.org
7. Helmets must be worn at all times while working with horses in arena.
8. All tack and grooming supplies must be put away neatly in designated areas.
9. Please remove all debris and manure from your horse. (anywhere on the property)
10. No open toed shoes permitted.
11. Horse treats may not be given without permission from the owner.
12. Do not enter the arena without asking.
13. No pets allowed on premises.
14. Sessions may be observed from designated areas ONLY. Please do not enter arena or sensory trail area pathways

*If you have any questions about anything, just ask!
We want you to have fun and be safe.

HORSES WITH HOPE

ACKNOWLEDGMENT & ASSUMPTION OF RISK, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

ACKNOWLEDGMENT OF RISKS:

I recognize that there are inherent risks of danger in engaging in the riding of a horse which may result in serious injury or death to me and to others. The Risks include but are not limited to 1) Falls; 2) Equipment failure, including saddle assembly and its associated ropes and other means by which is it secured. I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of riding a horse in close proximity to others including sidewalkers that could potentially expose myself to COVID-19.

EXPRESS ASSUMPTION OF RISKS AND RESPONSIBILITY:

In recognition of the inherent risks of my engaging in Equine-assisted services, I assume full responsibility for injuries (including death) and all other damages and losses to me and to others which arise out of, or are related to, my riding of a horse.

RELEASE OF LIABILITY:

In consideration of my engaging in Equine-assisted services, I, _____, for myself, my heirs, personal representatives and assigns, do hereby release and discharge: Horses With Hope, as well as each of their respective employees, attorneys, principals, directors, officers, agents, affiliates, insurers, successors, assigns, heirs, executors and administrators from all liability for all injuries (including death) and other losses and damages, demands, actions, causes of action or suits at law or in equity, of whatsoever kind or nature resulting from, or to result from my engaging in Equine-assisted services.

WAIVER:

As further consideration for my engaging in Equine-assisted services, I for myself, my heirs, personal representatives and assigns, do hereby waive all claims for injuries (including death) and all other claims for all other losses and damages, demands, actions, causes of action or suits at law or in equity, of whatsoever kind or nature against Horses With Hope and their respective employees, attorneys, principals, directors, officers, agents, affiliates, volunteers,

insurers, successors, assigns, heirs, executors and administrators which claims and losses, result from, arise out of or relate to my engaging in Equine-assisted services.

I have read, understand and accept the terms of the foregoing Acknowledgment of Risks, Express Assumption of Risks and Responsibility, Release of Liability and Waiver.

Date: _____

Signature

Printed Name