

Horse Camp Form



In order for your child to participate, this form must be completed once a year and will be kept on file at Winton Woods Riding Center.

Camp Policies

- Payment in full is required at the time of registration. If a camper withdraws from camp, a partial refund can be given, minus a 10% rebooking fee, pending the camp spot(s) are resold through the Winton Woods Riding Center (WWRC) office. Advance notice is required.
- Make-up classes are not available for campers who have to miss a class due to vacation, illness, etc.
- All campers must be signed in and out each day of the session by a responsible party. (The person who brings the camper or picks them up.)
- Horse camps will not automatically be canceled due to weather, including heat, cold, snow or rain. In the event of rain, lessons will be held in the indoor arena. In the case of thunderstorms, classroom activity will take place.

Camper Guidelines

- All campers must be at least 48" tall and between the ages of 7–17.
- All riders must wear ASTM (American Safety & Testing Materials) approved riding helmets while mounted at all times.
- Campers must wear long pants.
- Campers must wear hard-soled shoes or boots with a low heel and light tread or smooth sole when in the barn, paddock, stalls and mounted. No tennis shoes, sandals or hiking boots are permitted.
- Only staff and scheduled volunteers are permitted in the barn or paddock area unless an instructor is present and permission to enter is granted by an employee.

Warnings and Assumption of Risk Agreement

Horseback riding is classified as ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are inherent elements of risk always present in any such activity despite all safety precautions. I fully accept such risk, some examples of which are listed as follows:

1. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
2. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
3. Hazards, including, but not limited to, surface or subsurface conditions;
4. A collision with another equine, another animal, a person, or an object;
5. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

CAUTION

1. It is not possible for any person or establishment to predict exactly how a horse will behave when it is frightened, angry or under stress. It may react according to its natural instincts, which are to jump sideways, forward or backward.
2. Upon mounting a horse and taking up the reins, the rider is in primary control of the horse. If a rider falls from a horse to the ground, it will be a fall of from three to five feet and impact will be according to physical law, possibly resulting in injury, disability, or even death to the rider.

Release Agreement

I, _____, understand and agree to accept full responsibility for bodily injury which is sustained to me, (or my child or the minor whom I have represented myself as the guardian by signing this release) or in relationship to the premises and operations of Winton Woods Riding Center, and/or while riding or handling horses or other animals owned by the Great Parks of Hamilton County; and that I/We hereby, for myself, do hereby release and discharge the owners, operators, sponsors of the premises and their respective servants, agents, officers, and all other participants from any claims, demands, actions, and causes of actions for same injuries.

I give my full permission for Great Parks of Hamilton County and their sponsors to use any photographs, videotapes or other recordings of my child that are made during the course of this event.

I acknowledge that I have read and fully understand the camp policies, guidelines, risk agreement and release agreement.

Parent/Legal Guardian Signature

Date

Medical Record Horse Camp Form

Child's Name: _____

Date of Birth: _____ Height: _____ Weight: _____ Gender: Male Female

Parent/Guardian Name: _____

Address: _____

City/State/ZIP Code: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email: _____

For reminders and updates

Child's Physician: _____ Phone: _____

Emergency Contacts

Person who is authorized to give temporary assistance or care in the absence of a parent or guardian.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I give permission for a trained staff member or volunteer to administer basic first aid to my child if necessary. In case of emergency, I give my permission for my child to be taken to the nearest hospital or emergency facility.

Please initial _____

Does your child have allergies to food, medications or insect bites? If so, what are the allergies and their treatments?

Does Great Parks Staff or volunteers have permission to administer treatment if an allergic reaction occurs?

Yes No

Does your child have any additional medical or learning needs that staff should be aware of? If yes, please explain:

Is there anything else we should know about your child?

Parent/Legal Guardian Signature

Date