



Angels on Horseback

Pony Pals Horse Camp

Application

A PATH International Center Member

What: Fun-filled beginners horse camp

When: June 3rd - 7th 2019

Where: Angels on Horseback, 1284 Pendley Circle, Jasper GA 30143

Time: 9:00 a.m. – 12:00 p.m.

Ages: suggested 7 - 12

Cost: \$150.00, payable by cash, check, or credit card, due on June 3rd.

Additional Information: Riders should wear long pants, t-shirts and closed toed shoes. Boots are ideal, but tennis shoes will work as well.

Please have your child bring a mid-morning snack and list, on the application, any **allergies** as Angels on Horseback will provide water and juice. We do have a break room with refrigerator to keep snacks in, please label your child's bag with his/her name.

The 3 hours will consist of: 1 hour of hands on horse care, 1 hour of horseback riding lessons and 45 minutes of horse-related activities each day, and a 15 minute snack/break.

Completed application form can be emailed to angelsonhorseback17@gmail.com no later than May 27th!



Angels on Horseback

www.angelsonhorseback.org

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Participant's Name: _____ Date: _____

DOB: _____ Age: _____ *Height: _____ *Weight: _____ Gender: M F

(*Height and Weight is used for horse assignments)

Parent/Contact Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

How did you hear about our program? _____

Describe any previous horse/riding experience: _____

List any Allergies: _____ Medications: _____

Any notes about your child that we should know: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

CONSENT PLAN: In the event emergency medical aid/treatment is required to due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Angels on Horseback to:

- ★ Perform CPR if student requires it and parent or guardian is not present.
- ★ Secure and retain medical treatment and transportation if needed.
- ★ Release client records upon request to authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

NON -CONSENT PLAN: I **do not** give my consent for emergency medical aid. I will be **personally** responsible for any and all treatment decisions in the event of an emergency.

Date: _____

Signature: _____

Signed by Participant, Parent or Legal Guardian

*** PLEASE PROVIDE HEALTH INSURANCE INFORMATION FOR EMERGENCY ONLY ***

INSURANCE COMPANY NAME: _____

POLICY #: _____ PHONE NUMBER: _____

PREFERRED MEDICAL FACILITY: _____



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WAIVER AND RELEASE OF LIABILITY

Participant's Name: _____

--WARNING--

Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

I acknowledge that horseback riding or activities involving horses is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, personal property loss or even death. Horses are large animals and even the most quiet and calm horse can be unpredictable. I hereby assume the risk of participating in such activities.

I hereby take the following action for myself and my executors, administrators, heirs, next of kin, successors and assigns:

- a) I waive, release and discharge from any and all claims or liabilities for death, personal injury or damages of any kinds, which acts arise out of or relate to my participation in, or my traveling to and from, the horseback riding events, the following persons or entities: Angels on Horseback, Inc., its building or facility owners, sponsors, officers, directors, employees, volunteers, representatives, instructors, fieldhands, and agents of the above.
- b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein, and
- c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as results of my actions and any attorney fees or costs incurred by them as a result of my action.

I do do not consent to and authorize the use and reproduction by Angels on Horseback of any and all **photographs** and any other **audio/visual materials** taken of me for promotional material, educational, exhibitions or for any other use for the benefit of the center.

By signing this form, I affirm that I am of legal age (21 years of age or older), I have read this document, and I understand its contents. This document shall be construed under the laws of the State of Georgia.

Signature of Participant

Date

The undersigned _____, parent and natural or legal guardian of

name of parent or legal guardian

_____ hereby executes the foregoing Waiver and Release for and on behalf of

participant's name

the minor named herein. I hereby bind myself and all other assigns to the terms of the Waiver and Release. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons and entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for or on behalf of the minor in the execution of the Waiver and Release.

Signature of Parent or Legal Guardian

Date

PLEASE RETURN COMPLETED APPLICATION TO ANGELS ON HORSEBACK