

The Easy Does It Ranch

Application for Summer Camp

Ph: 910-617-5603 Fax: 866-604-0350

easydoesit28480@yahoo.com

Application Instructions:

1. Complete all pages of the application, including the equine waiver
2. The camper's parent or guardian must sign **both** the **application** and the **equine waiver**
3. Sponsors and campers over the age of 18 must also complete the application and waiver
4. A copy of the camper's health insurance card, front and back, must be included with the application at submission
5. Mail, fax, or scan/email the signed documents to:

Mailing Address:

The Easy Does It Ranch
253 Falling Creek Church Rd
Goldsboro NC 27530

Camp Physical Address:

The Easy Does It Ranch
6085 Cluster Springs Rd
Alton VA 24520

First choice of week to attend:
Second choice of week to attend:

Camper's Name: DOB:

Address:

Camper's Telephone: () Camper's Email:

Parent/Guardian Name:

Parent's Address (if different):

Parent's Phone/Cell phone: () Parent's Email:

Camper - Tell us about **YOU**:

Male/Female: Age: T-Shirt Size:

Which 12 Step meetings do you attend?

For how long?

In what city/state?

Who is your sponsor?

Tell us why you would like to attend The Easy Does It Ranch:

Medical Information:

A copy of the Camper or Sponsor's health insurance card, front and back, should be included with the application

Health Insurance Company: _____ Policy/ID: _____

List any food allergies that we should be aware of: _____

List any medications (along with the dosage) that your child takes now, including over the counter:

Who will keep and administer the medication for the camper? _____

Is there any information we should know about this medication?

Does the camper have any known medication allergies? _____

Is there any information that we should know about the camper's medical condition?

Authorization:

This health history is correct, and my child has permission to engage in all activities, except as noted by me or my doctor. In case of an emergency, I understand that every effort will be made to contact a parent or guardian. In the event that I cannot be reached, I hereby grant permission to the physician selected by the Easy Does It Ranch to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child named above.

I further agree that any and all associated with The Easy Does It Ranch shall not be liable for any claims, demands, actions, or causes of action arising out of or in any way connected with the minor child's participation in the camp, specifically including, but not limited to, liabilities, claims, demands, actions or causes of action relating to bodily injury and illness (including death) and property damage suffered by the participant.

I (Parent/Guardian) _____ do hereby grant permission for (camper's name) _____ to travel and take part in the activities at The Easy Does It Ranch and will hold harmless any accompanying adult/sponsor, and The Easy Does It Ranch, its officers, and volunteers for their care.

Parent/Guardian's Signature _____ Date: _____

Sponsor/ Camper (if not a minor) _____ Date: _____

Transportation:

The Easy Does it Ranch is held 6085 Cluster Springs Rd Alton, VA 24520

_____ I will provide transportation to and from camp for my child (only)

_____ My child's transportation to and from camp will be provided by _____

_____ I need assistance with transportation arrangements for my child

_____ I can provide transportation to and/or from camp for my child and other campers

➤ How many campers could you bring, including your child? _____

Questions?

Call Bill White: 910-617-5603

Email: easydoesit28480@yahoo.com

Visit: <http://easydoesitranch.org>

The following Equine Waiver Form must also be completed and included with the application.

**Shangrila Horseback Riding Adventures LLC
Trail Ride Release Form**

Name (Print) _____

Date: _____

Under Virginia Law, an equine activity sponsor, an equine professional or any other person shall not be liable for an injury to or death of a participant resulting from intrinsic dangers of equine activities. Va. Code Ann. §3.2-6202(A). Further, no participant or parent or guardian of a participant who has knowingly executed a waiver of his rights to sue or agrees to assume all risks or intrinsic dangers may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity. Va. Code Ann. §3.2-6202(B). [REDACTED] INITIAL

Intrinsic dangers of equine activities and Assumption of Risk. The undersigned acknowledges there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risks associated with participating in such activities. The intrinsic risks include, but are not limited to the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them, such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals and insects including but not limited to bees and biting flies; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and 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 such participant's ability. I am not relying on this release form to list all potential and possible risks associated with horseback riding. [REDACTED] INITIAL

Participant acknowledges that horses, by their very nature are unpredictable and subject to animal whim. Participant is knowingly waiving his/her right to sue and agrees to assume all risks or intrinsic danger, and Participant acknowledges and agrees that he/she may not maintain an action against or recover from the equine activity sponsor and/or equine professional. Participant agrees to abide by and follow instructions and rules which shall be posted and/or available from time to time. Participant further acknowledges that the behavior of any animal is contingent to some extent upon the ability of Participant. **Participant assumes all risks therefore and warrants a full and fair disclosure of Rider's abilities has been made. [REDACTED] INITIAL**

Participant voluntarily assumes the risk and danger of injury or death inherent in the handling or riding of the horse, and use of saddles, bridles, equipment and gear provided. Participant releases, discharges and promises not to sue for any loss, damage, injury (including death) or cost to my or my child's person or property arising out of riding or handling a horse, or use of saddles, bridles, equipment or gear provided, possible negligence in connection with my or my child's riding a horse, including but not limited to training or selecting horses, maintenance, care, fit or adjusting of saddles, instruction on riding skills or leading and supervising riders, which resulted in loss, damage, injury or both. Participant indemnifies, saves and holds harmless Shangrila Retreat, Inc., Shangrila Horseback Riding Adventures LLC, Julie Holmes, Gary Holmes and family members, operators, management, owners, agents, officers, members, premises owners, insurers, and affiliated organizations, employees, and volunteers from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child's handling or riding the horse and/or use of any facilities, saddles, bridles, equipment or gear provided therewith resulting from or contributed to my own negligence. [REDACTED] INITIAL

Participant expressly releases Shangrila Retreat, Inc., Shangrila Horseback Riding Adventures LLC, Julie Holmes, Gary Holmes and family members operators, management, owners, agents, officers, members, premises owners, insurers, and affiliated organizations, employees, and volunteers, from any and all claims for personal injury, death, or property damage, (if allowed by the laws of this State) by Management or its representatives, agents or employees. Participant waives his right to bring any action against the above listed entities. [REDACTED] INITIAL

PARTICIPANT (OR PARTICIPANT’S PARENT OR GUARDIAN IF PARTICIPANT IS A MINOR) AGREES TO HOLD HARMLESS, INDEMNIFY AND DEFEND MANAGEMENT AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, JUDGMENTS, ORDERS, COSTS OR EXPENSES, INCLUDING ATTORNEY’S FEES, WHICH MAY IN ANY WAY ARISE FROM OR BE IN ANY WAY CONNECTED WITH PARTICIPANT’S USE OF OR PRESENCE UPON THE PROPERTY OF MANAGEMENT AND THE FACILITIES LOCATED THEREON. In the event Participant is a minor, the parent or guardian shall further indemnify, defend and hold Management harmless from any such claims by said minor child. Shangrila Horseback Riding Adventures LLC, 3219 Cluster Springs Road, South Boston, VA., 24592, is permitted to provide trail rides for riders that are considered to be “ABLE-BODIED PARTICIPANTS.” Shangrila Horseback Riding Adventures LLC, is not licensed, certified nor insured to accommodate for special needs or therapeutic riders.

[REDACTED] INITIAL

MEDICAL CONSENT: I understand that I and/or my child(ren) is participating in an activity that involves risk of personal injury, including death, due to the physical, mental, emotional challenges inherent with horseback riding. I also understand that if I and/or my child(ren) should need medical assistance, a first responder could be a CPR/First Aid certified employee or guest. I give permission for myself and/or my child(ren) to receive any necessary treatment, including Aspirin or Benadryl to assist with possible life-threatening conditions. I acknowledge that this riding facility and trails may be considered remote and not easily accessible to medical responders, which can delay medical care. I accept all risks involved in horseback riding at a remote facility with remote trails with my current medical conditions. Participant indemnifies, saves and holds harmless Shangrila Retreat, Inc., Shangrila Horseback Adventures LLC, Julie Holmes, Gary Holmes and family members, operators, management, owners, agents, officers, members, premises owners, insurers, and affiliated organizations, employees, and volunteers from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child(ren)’s medical conditions. [REDACTED] INITIAL

11) Does the participant signing the release form OR the participant minor(s) have any medical, physical, mental or emotional disorders or conditions that may affect his/her safety and ability to ride a horse and be considered to be an “able-bodied participant”?

YES NO (circle one)

If yes, explain in detail please:

Please acknowledge that based on your answer to #11, the Owner/Manager/Wrangler in charge of the ride has the right to refuse services with the intent to stay within the safety parameters set forth by the insurance company. Please be honest and do not withhold information regarding your health. [REDACTED] INITIAL

12) **MEDICAL INSURANCE:** I/we agree that should medical treatment be required, I and/or my medical insurance shall pay for ALL such incurred expenses for myself, children, spouse, family members or anyone that has chosen to participate in this equine activity. [redacted] **INITIAL**

I do _____ I do not _____ carry medical insurance. [redacted] **INITIAL**
(check one)

I have read and accepted the terms and conditions of the Trail Ride Contract. To be completed by all riders over age 18:

SIGNER STATEMENT OF AWARENESS

I/we, the undersigned, represent that I/we have read and do understand the foregoing agreement, liability release, inherent and assumption of risks agreement. I/we understand that by signing this document, I/we am giving up rights to sue today and in the future. I/we attest that all facts are true and accurate. I am signing this while being sound of mind and not under the influence of alcohol, drugs or intoxicants.

Print Name: [redacted]

Address: [redacted]

Phone #:(c) [redacted] Email: [redacted]

Emergency Contact Name and #: [redacted]

[redacted]

Signature of Parent/Rider/Guest/Responsible Party _____ Date _____

Names of Minor/s (under 18 yrs old): _____
Name _____ Age _____

Rider's Experience Level: (check one)

- _____ BEGINNER (Never ridden)
- _____ NOVICE (ridden a few times, been a long time)
- _____ INTERMEDIATE (Moderate experience at the walk, trot and canter, some formal lessons, some ability to control a spooked horse)
- _____ ADVANCED (Competitive rider, owner, horseman)

Age _____ Height _____ Weight _____

The Easy Does It Ranch

Schedule and Items to Bring

Daily Schedule

6:15 Wake up
6:30 Wrangler duty
7:45 Breakfast
8:30 Morning Meeting
9:30 Groom and saddle horse for ride
10:00 Trail ride
Noon Lunch
1:00 Trail Ride
4:00 Afternoon meeting
6:00 Wrangler Duty, Kitchen Duty, or Wood Rustling
7:00 Dinner
9:00 Speaker meeting around campfire
10:00 Lights out

Weekly Schedule

Sunday 12-1pm: Arrive, check in and eat lunch

Sunday pm: Camp rules, horse assignment, riding lessons and your first trail ride

Monday, Tuesday, Wednesday: Regular daily schedule

Thursday: Regular daily schedule with dinner out

Friday am: Regular schedule am.

Friday pm: Range Rodeo, End of Trail Celebration

Saturday am: Awards, pictures, **parent pick up around 10am**

List of Items to Bring

1. Sleeping bag
2. Pillow
3. Towel
4. Toiletries
5. Small amount of cash - 20.00 or less
6. Jeans 2 - 4 pair
7. Socks (such as tube socks for riding, bring plenty, we will have extra)
8. Riding boots (if you already have, we will provide otherwise)
9. Snacks (if you want them)

If you need assistance obtaining *any* of these items, please let us know, we are happy to help!

DO NOT BRING:

Cars - please carpool
Guns, knives, alcohol, drugs, drug paraphernalia
Tobacco/Vaping Products - We are a nonsmoking camp

For Questions:

Contact Bill @ 910-617-5603 or email: easydoesit28480@yahoo.com