



## SUMMER CAMP APPLICATION AND HEALTH HISTORY

### CONTACT INFORMATION

Camper's Name: \_\_\_\_\_

Parent/ Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Alt.) \_\_\_\_\_

How did you hear about our program?

Source: \_\_\_\_\_

### GENERAL RIDER INFORMATION

Participant Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M | F

Note Any Physical or Neurodiverse Diagnosis: \_\_\_\_\_

Date of onset : \_\_\_\_\_

### CAMP RIDER HEALTH HISTORY

Please indicate any health issues in the chart below.

	Y	N	COMMENTS
<b>Vision</b>			
<b>Hearing</b>			
<b>Seizures</b>			
<b>Allergies</b>			
<b>Heart</b>			
<b>Breathing</b>			
<b>Other (please note)</b>			



## **TERMS AND CONDITIONS FOR SUMMER HORSEMANSHIP CAMP**

I, \_\_\_\_\_ (must be over 18) (the “**Undersigned**”),  
desire that \_\_\_\_\_ (“**Camper**”) attend horsemanship  
camp including horseback riding lessons (“**Camp**”) from Lift Me Up! (“**LMU**”) and agree  
to be bound or (if signing on behalf of Rider) agree to ensure that the Rider is bound by  
the Terms and Conditions below.

### **MEDICAL INFORMATION**

- A. The Undersigned certifies that the medical history form provided to LMU as part of Camper paperwork (the “Medical History Form”) is a complete and current medical history of the Camper.
- B. The Undersigned certifies that all required forms for participation are signed and current. If all forms are not complete and current, Camper may be denied participation until such time as all forms are supplied in their updated form.
- C. LMU, in its sole discretion, may cancel any Camper’s session if LMU believes that any medical or physical condition may adversely impact the Camper’s safety or ability to participate. Under these circumstances, LMU will not offer refunds.

### **ATTIRE**

The Undersigned agrees to or agrees to ensure that the Camper, as applicable, wears proper attire for riding lessons, including long pants, shoes (boots with at least a half inch heel is recommended), and an SEI-ASTM approved riding helmet with an attached harness that fits properly. The Camper must wear his/her approved riding helmet at all times when in the ring, during Camp, in the barn, or otherwise near horses.

### **DISCIPLINE AND DISMISSAL**

- A. LMU will not tolerate any Rider or Parent/Guardian who (i) engages in disruptive conduct, (ii) exhibits behavioral problems that are unacceptable or unsafe, (iii) makes sexual comments or engages in sexual conduct, (iv) is disrespectful to instructors and/or volunteers, or (v) fails to follow LMU’s Rules and Regulations set forth in Exhibit B (see attached, the “Rules”).
- B. The Undersigned agrees that LMU may discipline any Camper who violates the Rules or engages in any prohibited conduct. Such discipline may include a verbal warning, a written warning and, in certain situations, removal of the Camper from the Camp. LMU reserves the right to remove a Camper if participation involves unsafe situations or situations involving physical or emotional stress towards other participants, volunteers, staff members, or horses.

- C. LMU may remove a Camper from Camp if the parent/guardian, family, or guest(s) engages in unruly or unsafe behavior as determined by the Program Director.
- D. Riding at LMU is at the sole discretion of LMU. If at any time the LMU staff determines that riding at LMU is not an appropriate activity for a Camper, LMU may remove said Camper from Camp.

**MISCELLANEOUS**

- A. The Undersigned has executed and returned to LMU the Medical History Form as part of Camper paperwork.
- B. The Undersigned has executed and returned to LMU an executed copy of the "Release, Waiver and Indemnity Agreement" attached as Exhibit A.
- C. The Undersigned agrees to abide by or ensures the Camper complies with, as applicable, the Barn Rules & Regulations set forth in Exhibit B.
- D. All notices, questions, suggestions, problems or complaints pertaining to a Rider's Lessons or the Program should be directed to the Program Director at the address below. Please note that for the safety of all of our riders, riding instructors and volunteers, such notices, questions, problems and/or complaints should not be discussed during scheduled Lesson times.

Program Director, Jackie Collins  
jackie.collins@liftmeup.org  
703-759-6221  
[liftmeup.org](http://liftmeup.org)

Please signify your agreement with these Terms and Conditions by executing where indicated below.

**AGREED AND ACCEPTED BY:**

By Parent/ Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Date: \_\_\_\_\_



**RELEASE, WAIVER & INDEMNITY AGREEMENT**

It is recognized that any horse-related activity entails risk. While Lift Me Up! (LMU!) will endeavor to provide safe conditions on its properties, it cannot guarantee that it can eliminate all risk. LMU! grants riders, volunteers, instructors, and others participating in or observing the program permission to enter the premises of LMU! 9700-9704 Georgetown Pike, Great Falls, VA 22066.

The undersigned (hereinafter referred to as "Participant"), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to enter upon the premises referenced by addresses above known as LMU! and/or to use horses and/or facilities either owned or controlled by LMU!, and/or to receive training or instruction for the agents, volunteers or employees of LMU!, and being fully aware of the risk of injury and dangers inherent said premises and/or the ringing and handling of horses hereby elects voluntarily to enter said premises and/or to participate in said activities, and does hereby willingly enter into this Release, Waiver and Indemnity Agreement.

Therefore, in consideration of being permitted to enter upon the premises known as LMU! and/or receive instruction or assistance from the agents, volunteers or employees of LMU!, Participant assumes all risk of loss, damage, or injury that might be sustained by any or each of the undersigned or any property of any or each of the undersigned while participating in or observing the riding for the disabled program or en-route to or from these premises. Participant knowingly and expressly waives Participant's rights to sue LMU! as well as neighboring entities and properties Normandy Farm, LLC; the Stable at Normandy Farm, LLC; Mane Manor, LLC; and the Stable at Mane Manor, LLC (all hereinafter referred to as "Normandy Farm") and their owners, officers, directors, volunteers, employees, agents, successors, heirs, for any injury, death, loss, or damage caused to Participant or to Participant's property, and Participant agrees to assume all risks inherent in riding or otherwise coming in contact with horses, including, without limitation, the risks of injury, death, loss, or damage to Participant or Participant's property. Participant acknowledges that Participant has been given notice of the risks inherent in and intrinsic dangers of equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collision with other animals or objects; and (v) the potential of Participant acting in a negligent manner that may contribute to injury to Participant or others, such as failing to maintain control over the equine or not acting within Participant's ability, and Participant expressly agrees to assume all such risks and waives all right to sue for injuries caused by such risks. This waiver and express assumption of risks shall specifically apply to Participant and to any and all minor children and/or wards of Participant in accordance with the terms of Va. code Ann. §3.1-796.132B and shall be construed to comply with all exculpatory terms of the Virginia Equine Activity Liability Act, Va. Code Ann. §§3.1-796.13 et seq. (Chapter 27.5, Code of Va. (1950)). Further, this release shall be binding upon the distributees, heirs, executors, administrators, and guardians of each of the undersigned.

If Participant is a minor or otherwise under a legal disability, this agreement shall be signed by Participant's parent or legal guardian. By signing, the parent or legal guardian agrees: (i) to waive the parent's, guardian's, and Participant's right to sue the parties named in the immediate preceding paragraph; (ii) to assume, on behalf of the parent, guardian, and Participant, the risks set forth in the immediately preceding paragraph, in addition to all other risks of riding or otherwise coming into contact with horses; and (iii) to indemnify and hold harmless LMU! and Normandy Farm, LLC and their owners, officers, directors, volunteers, employees, agents, successors, heirs, from any and all costs of defending such claims, including attorney's fees.

It is expressly agreed by Participant and nay parent or guardian whose signature appears on this document that this Release, Waiver and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, and that LMU! and Normandy Farm and their owners, board of directors, volunteers, and employees, are covered by the provisions of that Act. This Release, Waiver, and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver, and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

Participant has been advised to wear protective headgear and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses, and expressly assumes the risk of injury resulting from a failure to do so and/or from selecting headgear or footwear that does not adequately protect against injury.

**CAUTION: READ BEFORE SIGNING**

_____ Participant Signature	_____ Printed Name	_____ Date
_____ Parent or Guardian Signature	_____ Printed Name	_____ Date



## BARN RULES AND REGULATIONS

Violations of these rules and regulations could result in termination of participation in all LMU activities.  
PLEASE SIGN BELOW

1. All participants (riders, wellness participants, campers, volunteers, and staff) working with any horse must sign LMU's Waiver prior to participating and submit to an LMU staff member. If participant is under 18 years of age, parent or legal guardian must sign waiver.
2. Visitors are not allowed in stalls or turnout areas unless accompanied by LMU staff.
3. Riders, wellness program participants, and campers with appropriate supervision may enter stalls and turnout areas ONLY with appropriate staff or trained volunteer supervision.
4. Do not wander around LMU property or enter fields unless accompanied by or with permission of LMU staff.
5. All injuries, accidents, or damages must be reported to LMU staff immediately.
6. Jeopardizing the safety of horse or human in any way will not be tolerated.
7. No one shall mount any horse on any property owned or leased by LMU without either expressed consent, advanced approval from LMU staff.
8. Everyone must wear a properly fitted ASTM/SEI approved helmet when mounted. LMU also requires that riders wear these helmets when grooming.
9. DO NOT FEED horses, including treats or hay, without permission from LMU staff.
10. LMU staff MUST oversee feeding of horses and giving meds. Volunteer help under staff guidance is permitted.
11. Volunteers and staff MUST wear appropriate shoes/boots while working around horses. No open-toed shoes shall be worn.
12. Do not ride horses in the barn aisles or lead horses through "No Horse Zones"
13. No running or making loud noises around the horses.
14. Do not climb or hang on gates.
15. Please refrain from using profanity, engaging in disruptive behavior.
16. Be respectful of others. Disrespect for others will not be tolerated..
17. Keep tack rooms clean and organized.
18. Always CLEAN UP after yourself and your horse (aisle, arenas, tack room, etc.). Put manure and trash in proper places. Turn off water and lights, when done.
19. Follow parking and traffic regulations.
20. No dogs allowed.
21. No drinking of alcoholic beverages unless expressly permitted during an official LMU event.
22. No smoking or use/possession of illegal substances on property.

I acknowledge that I have read, understand, and am willing and able to follow the rules and regulations listed above. Additionally, I understand that not complying with these rules and regulations can result in immediate termination of participation in LMU activities.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## PHOTO RELEASE

### CONSENT

I hereby consent to and authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials taken of me/my son/daughter/ward for promotional printed materials, educational activities, and exhibitions or for any other use for the benefit of LIFT ME UP!

Date \_\_\_\_\_ Camper Name \_\_\_\_\_

Parent/ Legal Guardian Signature \_\_\_\_\_

### NON-CONSENT

I hereby DENY consent to and REFUSE to authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials of me/my son/daughter/ward for any purpose.

Date \_\_\_\_\_ Camper Name \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_



# Authorization for Emergency Medical Treatment

*Please print CLEARLY!*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Preferred Medical Facility \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Allergies/medications \_\_\_\_\_

In the event of an emergency, contact

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Lift Me Up! to:

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

## Consent Plan

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

Date \_\_\_\_\_ Camper Name \_\_\_\_\_

Parent or Legal Guardian Consent Signature \_\_\_\_\_

## Non-Consent Plan

I DO NOT give my consent for emergency medical treatment/aid for the Camper in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment-aid is required, I wish the following procedures to take place:

Date \_\_\_\_\_ Camper Name \_\_\_\_\_

Parent or Legal Guardian Consent Signature \_\_\_\_\_

Parent or Legal Guardian NAME PRINTED \_\_\_\_\_





**FOR CAMPER'S WITH A DISABILITY DIAGNOSIS**  
**MEDICAL HISTORY and PHYSICIAN'S STATEMENT**

Camper's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type (if app): \_\_\_\_\_

Controlled? Y N Date of last Seizure: \_\_\_\_\_

Shunt present? Y N Date of last Revision: \_\_\_\_\_

Special precautions/Needs (if app): \_\_\_\_\_

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive devices: \_\_\_\_\_

*For those with Down Syndrome:* Neurological symptoms of Atlantoaxial Instability  Present  Absent

**Please describe the applicant's abilities or limited abilities in the following areas:**

(include assistance required or equipment needed)

- Physical Function: (i.e., mobility skills such as transfers, walking, wheelchair use, driving, bus riding, etc.)
  
- Psycho/social Function: (i.e., work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fear/concerns, etc.)
  
- Other Information:

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities or therapies. I understand that the PATH International Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH International Center for ongoing evaluation to determine eligibility for participation.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_