



STRIDES OF STRENGTH  
THERAPEUTIC RIDING

# Camp Skye

## Horse Camp Registration

Limited space available. Please contact us for availability, 803-374-6255.  
Mail your **\$75 payment (per session)** along with this registration form and a  
Consent, Release and Waiver form to reserve a spot for your child at camp.

Please be advised that this camp is only offered to children 5-18 of foster, military, and first responders.

CAMPER'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_ WEIGHT \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

CIRCLE WHICH APPLIES:      FOSTER      FIRST RESPONDER      MILITARY

RIDING EXPERIENCE:      (CHECK WHAT APPLIES)

UNDER 10 HOURS \_\_\_\_\_      TAKES LESSON \_\_\_\_\_

OVER 10 HOURS \_\_\_\_\_      HAS TAKEN LESSONS \_\_\_\_\_

HAS BEEN TO CAMP SKYE BEFORE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT(S) \_\_\_\_\_ CELL # \_\_\_\_\_

PARENT (2) \_\_\_\_\_ CELL # \_\_\_\_\_

WHICH WEEK OF CAMP DO YOU PREFER? \_\_\_\_\_ SECOND CHOICE \_\_\_\_\_

Allergies or any special instructions we should know? \_\_\_\_\_

If your child needs to be dropped off early or picked up late there is an additional \$10 charge for every hour.

Will you be bringing your child early (8am)?    Y    N    Will you be picking up your child late?    Y    N

If so, what time will you be picking up your child (3-5)? \_\_\_\_\_

I hereby give my permission for my above listed child to attend day camp at  
STRIDES OF STRENGTH THERAPEUTIC RIDING, INC during the selected date.

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

\*\*\*All campers must be checked in at drop off and checked out at pickup\*\*\*

### 2019 CAMP SESSIONS

**July 15-19 & July 29-August 2**

2717 Gaston Farm Road Chester, SC 29706

I-77 Exit 65 onto SC-9 toward Chester. Drive 1.5 miles and turn right onto Gaston Farm Road. Entrance: Second drive on the left.

For more information: CEO, Beth Gaston (803) 374-6255

Website: [www.StridesofStrength.org](http://www.StridesofStrength.org)

Email: [Beth.Gaston@StridesofStrength.org](mailto:Beth.Gaston@StridesofStrength.org)



STRIDES OF STRENGTH  
THERAPEUTIC RIDING

## Consent, Release and Waiver of Liability

1. I am the participant or the parent/guardian of the minor child named below and am fully competent to sign this agreement. I understand that the participant's request has been approved to participate in activities at Strides of Strength Therapeutic Riding (SOS).
2. I understand this activity involves physical activities including contact with animals and there is a risk of injury or death associated with such activities. The participant is in good health and deemed able to participate in this activity. In addition, the participant has adequate health insurance necessary to provide for and pay for any medical costs that may arise as the result of an injury the participant.
3. I further agree that SOS, nor any of their employees, officers, trustees, agents or volunteers shall be liable for any claims, demands, actions or causes arising out of or in any connected with the participant's participation in this activity, specifically including but not limited to claims, demands actions or causes of action relating to bodily injury, including death, and or property damage suffered by the participant. Therefore, on behalf of the participant, the parents/guardians of the participant and the heirs assigns of all the foregoing, I do hereby forever release and discharge SOS and any of their employees, agents or volunteers of liabilities, claims, demands, actions or cause of action.
4. With the activities having been explained to me and all of my questions answered to my complete satisfaction, I consent to the participant's participation in activities at the SOS, and accept the facilities, premises, supervision and equipment used therewith, fully aware of the activities and risks that may be involved. I execute this Consent, Release, and Waiver of Liability for full, adequate and complete consideration fully intending for myself, for the participant and for the participant's family, estate, heirs, administrator, personal representatives or assignees to be bound the same.
5. In addition, I hereby give SOS permission to use photographs/videos of participant for the purpose of promoting SOS and its events.

"Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976."

THIS IS RELEASE OF LEGAL RIGHTS-READ CAREFULLY BEFORE SIGNING

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

Name of Participant \_\_\_\_\_ Signed \_\_\_\_\_

Name of Parent (Guardian) on behalf of both parent and guardians

Print \_\_\_\_\_ Signed \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Strides of Strength Therapeutic Riding

2717 Gaston Farm Road Chester, SC 29706

I-77 Exit 65 onto SC-9 toward Chester. Drive 1.5 miles and turn right onto Gaston Farm Road. Entrance: Second drive on the left.

For more information: Beth Gaston (803) 374-6255 or visit our **Website: [www.StridesofStrength.org](http://www.StridesofStrength.org)**