



## 2022 CAMP APPLICATION

- WHO WE SERVE:** Teen boys, aged 13-15, who want to challenge themselves, build their potentials and make positive choices for their future, while having fun.
- WHAT:** A weeklong experiential and educational camp in the mountains near Boulder, Colorado. We combine outdoor activities, peer relationship building, future planning and interpersonal skills to encourage teens to grow, believe in themselves and take risks to dream.
- WHEN:** Boys Camp: Tuesday June 7th - Sunday June 12th
- WHERE:** Cal-Wood Education Center – An outdoor educational facility located northwest of Jamestown, Colorado. Transportation will be provided to and from Denver.
- FACILITIES:** Campers stay in cabins with up to 6 other teens and 2 adults. Each cabin has 5 bunk beds, electricity and heat. The main lodge at Cal-Wood has a meeting room, full-service kitchen, dining room and bathrooms with private showers. There is no cell range and one phone line **for emergencies only**.
- REQUIREMENTS:** A desire to make a difference in your own life, a **completed** application (enclosed) and an interview either in person or via phone.
- CONTACTS:** **Higher Ground:** Geramy: [geramy@highergroundyc.com](mailto:geramy@highergroundyc.com),  
720.226.1381

**\*\*\*KEEP THIS PAGE FOR YOUR RECORDS\*\*\***



**You will need to bring the following items to camp. If you do not have any of the below, let us know, and we can arrange to help with supplies.**

### **WHAT TO BRING TO CAMP**

- Sleeping Bag
- Pillow
- Flashlight
- Towel
- Jacket
- Hat/Sunglasses
- Sweatshirt
- Shorts (for the week)
- Shower Shoes
- Bathing Suit
- Jeans/long pants (2 or 3 pairs)
- Shirts (for the week)
- Water Bottle
- Hiking Shoes/Sneakers
- Sunscreen
- Socks
- Toothbrush, toothpaste, shampoo, soap
- Rain Gear

### **WHAT NOT TO BRING TO CAMP: These items will be taken away and returned before departure or at the end of camp**

- Electronics (cell phone, tablets, etc.)
- Food (we keep you well fed)
- Money (no need)
- Weapons of any sort (guns, knives, etc.)
- Cigarettes, drugs, alcohol
- Matches or lighters
- Straighteners, Blow Dryers

**\*\*\*KEEP THIS PAGE FOR YOUR RECORDS\*\*\***

## **CAMP PARTICIPANT APPLICATION**

Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_



**I AM ATTENDING AS: *PLEASE CIRCLE ONE***

- First-Time Camper (I have never attend HGYC)
- Cabin Leader (I have attended Higher Ground Youth Challenge 1+ time)
- Production Staff (I am 16 and have attended HGYC 2+ times)

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ English as Second Language: Y N

Teen Email: \_\_\_\_\_ Teen Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Guardian Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Guardian/Teen Full Address (put both if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact (different than guardian): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **PARTICIPATION CONTRACT**

### **RELEASE OF LIABILITY AND PERMISSION TO PARTICIPATE**

I, the undersigned parent or guardian of the above named participant (hereinafter

Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_



“Participant”), grant my permission for him to participate in certain activities described to me as part of Higher Ground Youth Challenge (hereinafter “HGYC”) during the period of time indicated above. These activities have been described to me in detail and I am familiar with all aspects of the activities. I have been given the opportunity to question staff of HGYC and am satisfied that I know of the activities planned for my child, including, but not limited to: being transported by car or van to the camp and surrounding areas; hiking, camping, horseback riding, rock climbing, ropes courses, rafting, and; participation in talk and educational activities focused on feelings, thoughts and experiences with other participants, youth professionals and volunteer staff.

I understand that some of these activities may be dangerous. I hereby certify that the above referenced child is in good health and does not have a condition that would prevent him/her from fully participating in all activities described to me.

In consideration of being permitted to participate in the HGYC, I (hereinafter collectively referred to as “Releasor”), on behalf of myself, my spouse, my child or legal ward, do hereby release, waive, and discharge the sponsors, organizers, volunteers, employees, officers, and board members of HGYC and Cal-Wood Education Center/Pilot Trust (hereinafter collectively referred to as the “Sponsor”), from any and all liability for any and all loss or damage, and any claim of damages resulting therefrom, on account of injury to person or property, even injury resulting in death, whether caused by negligence or otherwise.

Upon the completion of the program, HGYC agrees to transport the Participant to the designated drop-off site at the designated time. The Releasor hereby assumes responsibility for the Participant when he is dropped off at the designated site. Releasor further agrees that Sponsor is released from any liability and responsibilities once the Participant has been transported to the designated site.

Releasor agrees to indemnify and hold harmless Sponsor from any loss, liability, damage or cost they may incur due to the presence or participation of the above referenced Participant in HGYC, whether caused by negligence of the Releasor or otherwise.

Releasor hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of Participant or otherwise while participating in HGYC.

Releasor expressly agrees that this release, waiver, and indemnity is intended to be as

Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_



broad and inclusive as permitted by the laws of the State of Colorado, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**INFORMATION AND PHOTO RELEASE**

I hereby consent to the use of my child’s name, likeness and speech in any audio tape, video tape, film or photograph made at Higher Ground Youth Challenge and/or any ongoing follow up programs for business purposes of Higher Ground and for providing memories of your child’s experience.

**PERMISSION AND CONSENT TO SEARCH**

I understand that in order for my child to participate in Higher Ground Youth Challenge and for the safety of my child, other participants, and staff, I hereby give my permission and consent to a search of the person and property of my child.

I have read the above contract and I understand it and I agree to all its terms.

Parent or Guardian (Print Name) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_

**MEDICAL INFORMATION**

For your child to participate, the Colorado Department of Social Services requires that the following medical form is completed and signed by the appropriate persons. Feel free to attach additional sheets to this form to elaborate on any issues or concerns. Thank you

Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_



for your cooperation! We look forward to a safe and rewarding time with your child.

**PARTICIPANT INFORMATION:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_

**CONTACT INFORMATION:**

Name of Parents or Legal Guardians: \_\_\_\_\_

Address (if different from participant): \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

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

Emergency Contact Person(s) (different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name, address, and phone #s of individuals, if any, authorized to take child from Higher Ground Youth Challenge (other than those listed above):

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION** (for the participant of Higher Ground Youth Challenge)

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_



# HIGHER GROUND YOUTH CHALLENGE

***\*\*Please attach a medical screening conducted by a physician  
within the past 12 months.\*\****

Describe and provide dates for any known medical history of which Higher Ground should be aware (i.e. asthma, diabetes, seizures, heart disease, joint problems, bleeding/clotting disorders, psychiatric treatment, sleep disorders, etc.).

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Does the participant have any allergies to drug or non-drug items? If yes, please elaborate on history of condition (i.e. insect stings or bites, penicillin, hay fever, iodine, food items, etc.).

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Will the participant be bringing medication to Higher Ground? If yes, describe name, purpose and dosage information:

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I hereby acknowledge and understand that any and all medications (prescription and non-prescription) shall be turned over to and administered by the staff of Higher Ground Youth Challenge

**Parent or Guardian Name:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_



Is the participant on a restricted diet? Vegetarian? Vegan? If yes, please describe.

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Any additional information Higher Ground should be aware of?

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**PHYSICAL CONDITION WAIVER**

I, (print name of Parent/Guardian) \_\_\_\_\_ do hereby attest and acknowledge that my child (print name of child) \_\_\_\_\_ is in good physical condition and is able to participate fully in all Higher Ground Youth Challenge activities. I hold Higher Ground harmless for any harm that comes to my child caused by his physical condition or participation in the activities at camp.

**Parental or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MEDICAL RELEASE & AUTHORIZATION FOR MEDICAL TREATMENT**

I assume full responsibility for the information given about my child’s health and will be responsible for any decisions made regarding participation in activities of Higher Ground Youth Challenge. I will notify Higher Ground Youth Challenge of any changes in my child’s health status should they arise after this signing. I give permission to Higher Ground Youth Challenge staff to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that Higher Ground Youth Challenge staff will make a conscientious effort to locate the emergency contacts listed on the front

of this form before any actions will be taken. If it is not possible to locate the emergency contacts listed, I will support the decisions of the Higher Ground staff and accept the expense of emergency treatment.

\*Note - all participants are supplementally covered by a Higher Ground paid premium under the Cal-Wood Education Center/Pilot Trust Accidental Insurance policy.

This authorization does not cover major surgery unless the medical opinion of a second licensed physician concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

**ASSUMPTION OF RISK**

Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_





Each individual is voluntarily participating in an activity at Cal-Wood Education Center, and accepts that there are inherent risks associated with outdoor activities in remote areas at high elevations. These hazards may include, but are not limited to, activities related to traditional outdoor pursuits such as hiking, organized recreation, team building and outdoor skills. Each individual or his/her guardian assumes the risks of these or similar hazards and should be covered by either individual medical insurance or by group accident insurance purchased through the sponsoring organization.

**Print Name & Relationship to Participant** \_\_\_\_\_

**Parental or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EVALUATION CONSENT**

As a participant in Higher Ground, I understand that my child will periodically be asked to complete surveys to assess the success of Higher Ground programs. I understand that Higher Ground Youth Challenge is continually working to improve its program and assess the positive impact it has on its participants. I consent to my child's participation in surveys and interviews conducted by Higher Ground in order to monitor, evaluate and assess its programs.

**Print Name & Relationship to Participant** \_\_\_\_\_

**Parental or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PRN List**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Pain: Headache, Muscle Aches, Menstrual Cramps	Ibuprofen	Use as directed per package	PO
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Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_



# HIGHER GROUND YOUTH CHALLENGE

Pain: Headache, Muscle Aches, Menstrual Cramps	Tylenol Regular Strength	Use as directed per package	PO
Bites, Stings, Poison Ivy, Minor Allergic Reactions	Cortaid 1%	Apply per package instructions to area of irritation without open sores PRN	Topical
Bites, Stings, Poison Ivy, Minor Allergic Reactions	Insect Repellent of Choice	Apply per package instructions PRN	Topical
Burns, Sunburn	Sunscreen SPF 15 or higher	Apply prior to sun exposure and re-apply PRN	Topical
Skin Care	Lotion of Choice	Apply as directed PRN for Dry Skin	Topical
Minor Wound Care	Triple Antibiotic Ointment (Generic or Trade)	Apply to minor wound infections PRN (no more than 10 days)	Topical
Sore Throat, Mild	Sore Throat Sprays of choice or Lozenges	Use per package directions PRN or Doctor's Orders	PO
Diarrhea	Anti-diarrhea of choice	Use per package directions PRN or Doctor's Orders	PO
Upset GI	Tums or medication of choice	Use per package directions PRN or Doctor's Orders	PO
Cold Symptoms	Cold medication of choice	Use per package directions PRN or Doctor's Orders	PO

I have reviewed the above list of medications, treatments and standing orders for my child and agree that they are appropriate. I hereby authorize the staff at Higher Ground Youth Challenge to monitor my child's medication as listed above. Parent/Guardian grants HGYC and its representatives and volunteers the ability to administer generally accepted OTC medicines except for the following:

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**Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Prescription Medication Administration Tool

Youth Name:

DOB:

Any known allergies:

Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_



# HIGHER GROUND YOUTH CHALLENGE

Medication Name:	Dosage:	Instructions:	Admin. Window:

**Medication Name** \_\_\_\_\_

If medication is no given during Safe Time stated above complete one of the following:

\_\_\_ Administer med. as soon as error is discovered

\_\_\_ Do not administer, continue at next administration time with next dose

\_\_\_ Administer with next dosage for the day at

\_\_\_ Seek immediate medical attention

**Medicine Name** \_\_\_\_\_

If medication is no given during Safe Time stated above complete one of the following:

\_\_\_ Administer med. as soon as error is discovered

\_\_\_ Do not administer, continue at next administration time with next dose

\_\_\_ Administer with next dosage for the day at

\_\_\_ Seek immediate medical attention

**Medicine Name** \_\_\_\_\_

If medication is no given during Safe Time stated above complete one of the following:

\_\_\_ Administer medication as soon as error is discovered

\_\_\_ Do not administer medication, continue at next administration time with next dose

\_\_\_ Administer with next dosage for the day

\_\_\_ Seek immediate medical attention

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EXPECTATIONS FOR PARTICIPANTS

Guardian Initials \_\_\_\_\_ Agency Initials \_\_\_\_\_ HGYC Initials \_\_\_\_\_

- I agree to follow all rules and instructions given to me by any of the staff or volunteers.
- I agree to participate 100% in all Higher Ground Youth Challenge activities and events.
- I agree to respect myself and all other participants and staff. This includes refraining from verbal or physical harm.
- I agree I will not bring/use any drugs, alcohol or cigarettes while at camp.
- I agree to respect the environment around me at all times. This includes picking up after myself, respecting my property, the camp facility, and the property of others.
- I agree to keep my cell phone, tablets, etc. at home.
- I agree to keep everything confidential that the participants and staff share. I agree to be on time to all activities and events. I agree to support all other participants in keeping their agreements.
- I agree that I will not engage in any new romantic relationships while at camp

I hereby declare that I understand that if I am participating in an illegal activity, my parent(s) or guardian will be contacted, that I will be sent home and that legal action will be taken if warranted. If I break any of the other agreements, there will be a discussion with myself and staff and a consequence will be determined.

I understand that in order to participate in Higher Ground Youth Challenge, and for the safety of myself, other participants and staff, I hereby give my permission and consent to a search of my person and property prior to departure for camp and during camp should the staff deem it necessary.

Print Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

A-1 Wildwater  
**Parental Acknowledgment of Risk:**

**This is a legal Document.**

In consideration of the services of Wildwater, Inc. (D.B.A. A-1 Wildwater, Inc.), its officers, agents, employees, stockholders, owners, or any other persons or entities associated with the business (hereafter collectively referred to as A-1 Wildwater), I do agree as follows:

Although A-1 Wildwater has taken reasonable steps to provide your child with appropriate equipment and skilled guides so your child may enjoy an activity for which he/she may not be skilled, A-1 Wildwater wishes to remind you that this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to your child's equipment and belongs, or accidental injury, illness, or in extreme cases, permanent trauma or death. We think it is important for you to know in advance of what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks: Road and Terrain Hazards: Travel in a vehicle driven by someone else; risks associated with vehicles moving in or around the areas of river ingress and egress; rough, rocky, slipper, terrain and/or obstacles encountered on the way to and from the boat(s) or associated with the loading or unloading of boats, boats being blown off of or dropped from, trailers or vehicles and dangerous traffic on roads adjacent to the river. River Hazards: Falling out of boat; Getting hit by objects such as paddles, bail buckets, oars, etc. or colliding with rocks, bridge abutments, or other solid objects while in or out of the boat; Entanglement/entrapment hazards posed by ropes, straps, rocks, bridges, and trees; Hazards associated with the capsizing of a boat or the folding of a boat in such a way as to cause people to fall against one another or out of the boat along with hazards associated with swimming in strong currents and/or cold water, which could cause drowning or loss of life from this or other means. Weather hazards: Risks associated with high or sudden winds, lighting, hail, rain, fog, intense sun, and extreme temperature and altitude variations. Other Hazards: Human or guide error; the ever changing effects which result from continuously fluctuating water levels and the corresponding changes that this causes on the different stretches of the river that are being run for any particular trip. These changes in the river stretches being run for any particular trip coupled with the ever changing water levels can cause rapids to become easier or more difficult and their classifications to change either up or down depending on the stretch of river being run and the degree of water level fluctuation.

I am aware that whitewater boating entails risks of injury or death to my child. I understand the description of these risks is not complete and that the other unknown or anticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My child's participation in this activity is purely voluntary, no one is forcing he/she to participate in spite of the risks. My child possesses at least the following qualifications: (A) Good General Health; (B) No serious health problems such as heart problems, etc.; (C) Prior approval or assurance that his/her doctor would approve of his/her participation in this activity; (D) the ability to paddle hard, follow directions, and use a paddle as a part of a team.

I certify that my child is fully capable of participating in this activity. Therefore, I assume full responsibility for my minor children, for bodily injury, death, or loss of personal property and expenses thereof as a result of those inherent risks and dangers and of their negligence in participating in this activity. I also consent to and authorize the use the reproduction by A-1 Wildwater of any and all photographs and/or videos which may be taken of my child while participating in a trip with A-1 Wildwater for any purpose whatsoever, without compensation to myself or my child. Any and all photo or video related material shall remain the sole property of A-1 Wildwater.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement is the only binding agreement between the parties to this agreement and that this agreement supersedes any and all other understandings, communications, advertisements, agreements, statements, representations, or warranties, whether they be verbal, written, or made by any agents or representatives of A-1 Wildwater. This agreement may not be modified except by a written addendum issued by the Chief Executive Officer of A-1 Wildwater. If any provision of this agreement is held invalid, the remainder of this agreement shall continue in full force and effect. By signing this agreement below, I realize that this agreement and only this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate for all members of my family, including minors.

Parent Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Please fill out the following information completely and correctly, it is a State requirement in order to participate in this activity.

Parent Name (Please Print): \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Other): \_\_\_\_\_

Last Name of Person who organized this group: \_\_\_\_\_

This document is to be signed **ONLY** by parents of **UNACCOMPANIED** minors.

Cowpoke Corner Corral

970-586-5890



National Park Gateway Stables

(970) 586-5269

SK HORSES, LTD  
P.O. Box 2214 • Estes Park, Colorado 80517

**WARNING**

UNDER COLORADO LAW AN 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 SECTION 13-21-120, COLORADO REVISED STATUTES.

**ACKNOWLEDGMENT OF RISKS AND ACCEPTANCE OF RESPONSIBILITY**

Riding horseback on our trails is not considered a dangerous activity, however, horses are large, live animals and are susceptible to being frightened by sudden, unexpected movements, wind-blown objects, falling limbs, lightning, hail, storms, biting insects, etc. The trails are natural trails with rocks, fallen branches and trees, and are not groomed in the sense that a bridal path in a park might be man-made and groomed. These factors create a certain level of risk and like all active sports, simply getting on a horse involves an exposure to accident that you would not have if you did not ride.

Upon my acceptance of horse and equipment, I acknowledge that the use, handling and riding of a horse involves a risk of physical injury to any individual undertaking such activities; and that a horse, irrespective of his training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fright which, likewise, is an inherent risk assumed by a horseback rider.

In renting a horse from SK Horses, LTD d/b/a Cowpoke Corner Corral and/or National Park Gateway Stables, I and/or my family agree to assume the risks inherent in horseback riding. I certify that I and my family, including minor children, are fully capable of participating in horseback riding. Therefore, I assume full responsibility for myself, my family, including minor children, for bodily injury, death and loss of personal property and expenses thereof as a result of my negligence or the negligence of my family, or the inherent risks not due to anyone's negligence in participating in horseback riding.

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Minor children: \_\_\_\_\_  
name age name age

\_\_\_\_\_ name age name age

\_\_\_\_\_ name age name age

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in horseback riding.

\_\_\_\_\_ date

\_\_\_\_\_ signature

\_\_\_\_\_ signature

Beginner

Intermediate

Experienced

**Cowpoke Corner Corral**  
(970) 586-5890

S K Horses, Ltd.



**National Park Gateway Stables**  
(970) 586-5269

STEVE & CAROLYN KOKJOHN  
P.O. Box 2214 • Estes Park, Colorado 80517

**ASSUMPTION OF RISK \* RELEASE OF LIABILITY \* INDEMNIFICATION**

**PLEASE READ AGREEMENT CAREFULLY**

**WARNING**

Under Colorado Law, an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

IN CONSIDERATION of the agreement of SK Horses, Ltd d/b/a Cowpoke Corral and National Park Gateway Stables (collectively the "stables") to rent a horse and equipment to myself and/or to any minor child or ward for whom I am parent or guardian, I HEREBY AGREE TO ALL OF THE FOLLOWING:

I agree to immediately notify the stables of any situation or condition that I think is unsafe or dangerous.

**Acknowledgement-Assumption of Risk** - I acknowledge there are inherent risks of participation in any equine activity, including, but not limited to: The propensity of the horse to behave in ways that may result in property damage, and injury, harm, or death to persons on or around them; The unpredictability of the animal's reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals; Certain hazards such as surface and sub conditions; collisions with other animals or objects; 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 his or her ability. Simply getting on or being around a horse involves an exposure to accident that you would not have if you did not ride. In consideration of renting a horse from the stables I assume, for myself individually and as parent or guardian of any minor child or ward for whom I sign below, all inherent and non-inherent risks of this activity, the risk of negligence by any person, and foreseeable and non-foreseeable risks."

**Waiver and Release** - In consideration of renting a horse from the stables, I, for myself individually and for any minor child or ward for whom I sign below, agree to hold harmless, release, and discharge the Stables, its owners, agents, employees, officers, directors, partners, representatives, assigns, members, owner of premises and trails, affiliated organizations, and insurers, and others acting on their behalf, of and from all claims, demands, causes of action and legal liability, including but not limited to any claims based on negligence including any claim allowed by statute and breach of contract, for personal injury, death, damages, non-economic loss, and/or property damage sustained by me and/or my minor child or legal ward, and arising from renting, riding, handling, or otherwise being near horses and participants. I agree that this Agreement is intended to be as broad and inclusive as allowed by the laws of Colorado, and if any portion is later declared to be invalid or unenforceable the balance shall continue in full force and effect.

**Indemnification** - I agree to indemnify (reimburse) the Stables, its agents, employees, officers, directors, partners, representatives, assigns, for the costs of defense and any judgment or settlement resulting from any and all claims, including claims of negligence, that I or any minor child or ward may now or hereafter have and assert resulting from this equine activity.

**MY SIGNATURE ON THIS DOCUMENT INDICATES THAT I HAVE READ THE ENTIRE DOCUMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS. THIS AGREEMENT SHALL BE LEGALLY BINDING UPON ME, MY HEIRS, ASSIGNS, LEGAL GUARDIANS AND PERSONAL REPRESENTATIVES.**

Names of all Participants:

Signature of Participant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian (Signature required for any rider under age 18):