**TRUE HEART EQUINE**

**ENRICHMENT CENTER**

WWW.TRUEHEARTQUINE.COM
319-550-5885
LearnToRide@TrueHeartEquine.com

**Summer Horse Day Camp Registration Form**

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special Needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ T-Shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons Authorized for Drop Off and Pick Up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Campers must be checked out by a pre-approved adult (this includes campers who are carpooling with another camper). Be prepared to show I.D. at checkout.

**Full Day Camp Dates (Monday through Friday, 9am to 1pm)** Please select all you wish camper to attend:

\_\_\_ June 7-11 \_\_\_ June 28-July 2 \_\_\_ July 5-9

 \_\_\_ July 12-15 \_\_\_ July 26-30 \_\_\_ August 9-13

**Registration and Payment**

**Fee is $300 per child per session.** $275 per child per session if registering for TWO or more sessions. These rates also apply for siblings.

If you pay in full before March 30, 2021 you can take $50 off your total (ONE early registration discount per family!). A non-refundable registration deposit of $150 per session is required at minimum. Remaining balance, if not paying in full at time of registration, is due at minimum 2 weeks before the camp date.

Please print out, complete and email this 4-page registration; registration form, horseback riding questionnaire, liability release, and medical emergency information, and payment information to: **LEARNTORIDE@TRUEHEARTEQUINE.COM**

If you need to print out and mail your registration packet, please mail to: **PO Box 192, Swisher, IA 52338**

Checks made payable to “KELEEN WARREN”, Our camp director. Invoices will be emailed after the registration packet is received. A confirmation email will be sent to you upon receipt of completed registration and deposit/full payment.

**Method of Payment**

I’d like to do… □One time full Payment □One time deposit + one time balance payment

I want to pay by… □Cash □Check □Credit Card □Venmo □Paypal □Invoice

***Please Note:*** *Credit Card payments & invoices for all camps will be subject to a 4% processing fee. Absolutely no credit cards are kept on file after payment is processed.*

|  |
| --- |
| Totals |
| **Please check all the forms are completed. (Check Box)** □Registration Form □Horseback Riding Waiver   □Riding Questionnaire & Media Release Form □Medical Information Form |
|  |  | **Balance Due** |
| Registration: Week of \_\_\_\_\_\_\_\_\_\_\_\_ $300 each | **$300 x \_\_\_\_\_\_\_\_** |  **\_\_\_\_\_\_\_\_** |
| Registered by March 30? -$50 OR Scout Week -$60 (NOT BOTH) |  **\_\_\_\_\_\_\_\_** |  **\_\_\_\_\_\_\_\_** |
| 2+ Camp Sessions -$50 |  **\_\_\_\_\_\_\_\_** |  **\_\_\_\_\_\_\_\_** |
| Siblings. -$25 each  |  **\_\_\_\_\_\_\_\_** |  **\_\_\_\_\_\_\_\_** |
| Before Care +25After Care +$25 |  **\_\_\_\_\_\_\_\_** |  **\_\_\_\_\_\_\_\_** |
| **TOTAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Horse Camp Liability Agreement & Release Form**

**True Heart Equine Enrichment**

Rider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

This Liability Agreement and release is made and entered into on the date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by and between True Heart Equine Enrichment, or proprietor, herein designated “Instructor”. And if the Rider is a minor, Rider’s Parent or Guardian. In consideration for the use today, and on all future dates of the property, facilities, horses, and instruction by the Instructor. The Rider hereby expressly agrees to the following:

1. \_\_\_ **Acknowledge that as animals, any horse or mule may, without warning or any apparent cause**, make unpredictable movements, stumble, fall, spook, jump obstacles, step on a person’s feet, attempt to push or shove a person, saddles or bridles may loosen or break- any of which may cause the ride to fall or be jolted resulting in injury or death. WE ARE A SAFETY FIRST FACILITY, but we cannot stop horses from being animals; we can only attempt to be as safe and alert as possible.
2. \_\_\_ **ACKNOWLEDGE THAT HORSEBACK RIDING IS AN INHERENTLY DANGEROUS ACTIVITY** AND INVOLVES RISK THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES, DEATH, because of the unpredictable nature and behavior of horses regardless of the training and past performance.
3. \_\_\_ **Agree it is the responsibility of the Rider to carry full and complete insurance coverage** on his/her personal property and himself/herself and **voluntarily assume the risk and danger of injury** inherent in the use of horses, equipment, and any gear provided by the Instructor or myself.
4. \_\_\_ **RELEASE, DISCHARGE, AND PROMISE NOT TO SUE** the Instructor, Property Owner, or it proprietor, for any loss, damages, liability, or cost whatsoever arising out of or related to any loss, damage, or injury to my persons or property.
5. \_\_\_ **INDEMNIFY, SAVE, AND HOLD HARMLESS** the Instructor, Property Owner, its employees and agents from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either use or the horses and any equipment or gear provided therewith or any acts or omissions of Instructor or other employees or agents.
6. \_\_\_ **The undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by the State of Iowa** and is intended to be as broad as inclusive as is permitted by **Iowa Law (RIDE AT YOUR OWN RISK)**, and that in the event of any portion of this agreement is determined to be invalid, illegal, or unenforceable, the validity, legality, and enforceability of the balance of the agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
7. \_\_\_ **Payment for camp will be made in advance and is due before the first day of camp..** Rider agrees to pay full price for the week regardless of the number of times per week they show up.
8. **\_\_\_ State that the rider is not physically unfit for a vigorous activity like horseback riding** including but **not limited to** pregnancy, epilepsy, heart condition, or any other undisclosed medical problem that could negatively impact my horseback riding.
9. **\_\_\_ Agree that ALL MINORS (Individuals under the age of 18) MUST WEAR PROTECTIVE HEADWEAR PROVIDED BY THE INSTRUCTOR OR MYSELF AT ALL TIMES WHILE RIDING HORSES ON THE PREMISES.** Any helmet not provided by the Instructor needs be specifically for horseback riding and needs be **ASTM/SEI Certified**… BIKE HELMETS ARE NOT RIDING HELMETS AND ARE NOT ALLOWED FOR USE- Thank you!

**I have read and this entire Liability Agreement and Release Form. I have made a free and deliberate choice to sign this Release and Waiver as a condition to uphold an agreement between myself and the Instructor. I have concluded that the risks involved and the release and waiver of liability is worth the pleasure of a horseback riding experience.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Camper’s Parent or Guardian**

**Horseback Riding Questionnaire**

Please fill out this questionnaire to help us prepare for your time at camp. This form is necessary so we can

match horse and rider appropriately and therefore give campers a great time at camp. Thank you!

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Riding Experience (check one)**

\_\_\_\_ Pre-Riding (never been on a horse, afraid of horses and/or may need support to sit balanced in saddle)

\_\_\_\_ Beginner (ridden a horse less than 5 times, little to no experience)

\_\_\_\_ Intermediate Beginner (taken more than 11+ horseback riding lessons and performs basic riding skills at the walk and trot.)

\_\_\_\_ Intermediate (takes/has taken horseback riding lessons consistently, can walk/trot and perform basic riding skills, confident and comfortable when riding/working with horses)

Please describe any riding experience they have or anything we should know about your camper’s experience with horses.

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

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

Please note, all horses and ponies are assigned by the Camp Director at their discretion. We take into

consideration the age/weight/height/experience of campers to ensure a safe and enjoyable time at camp.

**Media Release**

I authorize True Heart Equine Enrichment to record my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (print name) image and voice while participating in THEE’s Horse Camp.

I understand and agree that these audio, video, film and print images may be edited, duplicated, distributed, reproduced, broadcasted, and reformatted in any form and manner without payment of fee in perpetuity.

I also give permission to THEE to use photographs, audio and video of my child for promotional purposes, including but not limited to the THEE web site, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communication materials.

□ I do authorize. □ I do not authorize.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information Form**

**SECTION 1 – Required**

**Medical Information**

Participant’s full legal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent phone(home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent phone(work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent phone(cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary care physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION NEEDED ABOUT PARTICIPANT (Required):**

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **If yes, please list / explain below. Attach additional sheets if needed.** |
|  |  | Does the participant have any chronic health problem or illness? |
|  |  | Does he or she have any acute illness now? |
|  |  | Has the participant been treated recently for some medical problem? |
|  |  | Is the participant taking any medications for treatment of a medical problem? |
|  |  | Does the participant have any allergies to medication or local anesthetics? |
|  |  | Does he or she have any allergies? If Yes, List them:  |

**SECTION 2 – Required**

 **Official Medical Treatment Authorization**

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

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