



Camp Registration and Release From 2024

DATES OF CAMPS

PONY CAMP 1
JULY 9,10,11

PONY CAMP 2
JULY 23,24,25

PONY CAMP 3
AUGUST 6,7,8

HORSE CAMP 4
AUGUST 20,21,22

Camper Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Emergency contact Name: _____ Emergency #: _____

Email address: (please print clearly)

Parent, Guardian, or Caregiver Name: _____

Address if different: _____

Home #: _____ Cell #: _____

How did you hear about Sonshine Equine? _____

Are there any concerns that we need to know about with your child? _____

Any allergies?

Liability Release

_____ (Participant Name) would like to participate in the Sonshine Equine Camp. I acknowledge the risks and potential for risks of equine activities. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, or myself, my heirs and assigns, executors or administrators, waive and released forever all claims for damages against Sonshine Equine and its Board of Directors, Instructors, Aides, Therapists, Volunteers and/or losses I/my son/my daughter/my ward may sustain while participating in the Sonshine Equine program.

Date: _____ Consent Signature: _____

Date: _____ Non-Consent Signature: _____

Photo Release (circle one)

I Do

I Do Not

Consent to and authorize the use and reproduction by Sonshine Equine of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____