



## 2017 Horse Tails Summer Camp

**DATE:** First-Hands Week, June 26-30, 2017 (Beginner/Intermediate)  
Top-Hands Week, July 17-21, 2017 (Advanced)

**TIME:** 8 a.m. to 3 p.m. every day (later pickup time available).  
Horse show every Friday at 1 p.m.

**AGES:** 7 to 13 years old

**ELIGIBILITY:** Campers should be able to use the bathroom and feed themselves independently.  
OPEN TO ABLE-BODIED RIDERS AND **ALL AGES** of THE RTC'S CURRENT CLIENT PARTICIPANTS.

**PAYMENT:** \$375 per participant, plus a \$25 registration fee per week of Camp.  
*Family discount - First participant is full price, each additional family member will receive a \$15 discount.*

- Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ \* Payable to The Riding Therapy Center \*
- Cash (In person only)
- Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CVV/CVC 3-digit Code: \_\_\_\_\_
- Late Pickup Time Needed (an additional \$15/hour/day will be assessed).  
Requested Time for Camper Pickup: \_\_\_\_\_ pm

**CANCELLATION POLICY:** A cancellation fee of \$75 will be charged for any refunds up to 4 weeks prior to the start of camp the child is attending. Any cancellation after that date for documented illness or injury will receive a refund (less the \$75 cancellation fee).

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Participant's Parent/Guardian/Caregiver)

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**Return ALL completed forms with payment to The RTC, Attn: Summer Camp (Mail: P.O. Box 462, Nursery, TX 77976, Physical: 557 Love Road, Victoria, TX 77905, Email: [theridingtherapycenter@gmail.com](mailto:theridingtherapycenter@gmail.com), Fax: 361-578-8182)**

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What to bring to camp each day:

- Sack Lunch and two snacks for am and pm snack breaks - a refrigerator is provided.
- Water Bottle, Sunscreen (and hat if desired).
- Boots or hard-soled shoes.
- Clothing to get dirty in, and long pants (denim or cotton - no slick or "workout" pants).
- A smile!

**DIRECTIONS TO THE RIDING THERAPY CENTER:** From Victoria, take Hwy 87 towards Cuero and turn right onto Raab Road (look for the Waterin' Hole), go over the railroad tracks and Raab Road will wind around. Take your first left onto Love Road (if you go past a church you've gone too far). The RTC is  $\frac{1}{4}$  down on the right hand side (across from King Drive) - 557 Love Road, Victoria, TX 77905.



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Today's Date: \_\_\_\_\_

Week of Enrollment *(Please check all that apply)*:



First-Hands Week (June 26-30 – Beginner/Intermediate)



Top-Hands Week (July 17-21 – Advanced: able to ride in Walk-Trot-Canter)

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Gender (circle one): M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please Circle: Able-bodied Participant Current Client at The RTC

Participant's Interests or Hobbies: \_\_\_\_\_

Given the choice, I would prefer to ride: ENGLISH WESTERN or BOTH (Circle One)

Horse Experience (please describe): \_\_\_\_\_

Friends or Siblings also attending Camp: \_\_\_\_\_

Allergies including medications and foods:

Current medications (include dosage and frequency):

Please indicate any medical issues that may affect participation:



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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency and 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 THE RIDING THERAPY CENTER to:

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

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

*(Participant's Parent/Guardian/Caregiver)*

Address *(if different from above)*: \_\_\_\_\_

### CONSENT PLAN:

This authorization includes X-ray, surgery, hospitalization, medication and any treatment procedure deemed to be "life saving" by the physician.

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

*(Participant's Parent/Guardian/Caregiver)*

### NON-CONSENT PLAN:

I do not give consent for emergency medical treatment/aid 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 of an emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

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

*(Participant's Parent/Guardian/Caregiver)*



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## RELEASE OF LIABILITY

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

### WARNING

**Under Texas Law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.**

### RELEASE AND INDEMNIFICATION

I am aware that any activities involving horses are hazardous and I am voluntarily participating in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury, including death, and damage to property arising from participation. **I hereby promise not to sue, and hereby release**, to the fullest extent permitted by law, The Riding Therapy Center of Victoria and its agents, officers, directors, members, representatives, instructors, volunteers, coordinators, insurers independent contractors, therapist and employees (collectively the "Released Parties"), from, **and hereby waive**, all claims of whatsoever kin that may be asserted against the Released Parties for personal injury and property damage arising from or in connection with participation in equine activities, and from the condition of the real property and personal property used in connection with such equine activities. By way of example, and not in limitation, this Waiver and Release includes releasing and waiving claims based upon: any negligent acts or omissions of the Released Parties and any other person; contract; warranty; premises liability; products liability; subrogation; contribution; and loss of consortium or loss of society.

**I also hereby agree to indemnify, defend, and hold and save harmless the Released Parties** from any claims, damages, expenses and costs incurred of whatsoever nature (including by way of example, and not in limitation, attorney fees and expenses), which may be made against or incurred by the Released Parties, arising from or in connection with my participation, including without limitation, any claims made by me or any other person.

**It is intended that this Release and Indemnification shall release the Released Parties from, and waive, any and all claims, and indemnify the Released Parties, to the greatest extent allowed by law.** In the event for any reason a Court determines that any portion of the Release and Indemnification is not enforceable, that provision shall be modified so as to give it the greatest effect allowed by law, or if it cannot be so modified shall be severed and the balance of the Release and Indemnification shall be given the greatest force and effect available under law. Furthermore, in the event that notwithstanding this Release and Indemnification, it is determined that any Released Party has any liability for any claim, in no event shall the liability exceed the amount of \$500 in total aggregate for all claims arising from or in connection with my participation.

**I acknowledge that by signing this document I am waiving important legal rights.** I also acknowledge that the Released Parties would not allow me to participate in equine activities unless I have agreed to the waivers, releases, indemnifications and limitations contained in this Release and Indemnification. I acknowledge that the Released Parties are relying upon these provisions as a primary material consideration for allowing my participation in equine activities. I acknowledge and agree that the terms hereof are binding upon me, and my heirs, successors, representatives, insurers, and assigns.

If signing on behalf of another person, I represent and warrant to the Released Parties that I am the parent or legal guardian with the capacity to execute and make the foregoing waivers and indemnifications on behalf of such person; and I further acknowledge and agree that I am also personally bound by and make the releases and waivers as above set forth, and that I am jointly and severally liable for the indemnifications to the Released Parties.

Date \_\_\_\_\_

Signature \_\_\_\_\_

*Participant's parent/guardian/caregiver*



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

## PHOTO RELEASE:

\_\_\_\_\_ I hereby consent to and authorize

\_\_\_\_\_ I do not consent to, nor do I authorize

... The Riding Therapy Center to take, or have taken, still and moving photographs and films including television pictures of the above named Participant, and consents and authorizes The Riding Therapy Center its advertising agencies, news media, and any other persons interested in the Riding Therapy Center and its programs, to use and reproduce the photographs, films, videos and pictures, and to circulate and publicize the same by any means deemed appropriate by The Riding Therapy Center including, without limitation the generality of the foregoing: newspapers, websites, social media, television media, brochures, pamphlets, instructional materials, books and clinical materials. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of The Riding Therapy Center to use, or cause to be used, such photographs, films, videos and pictures for the primary purpose of promoting and aiding The Riding Therapy Center and the field of equine assisted activities and therapies.

Signature: \_\_\_\_\_  
*(Participant's Parent/Guardian/Caregiver)*

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

## CONFIDENTIALITY AGREEMENT:

The status and all information concerning the riders/participants may only be discussed with the appropriate staff at The Riding Therapy Center. Do not give information concerning the diagnosis, treatment, or condition of any rider or participant to anyone. Do not divulge any confidential information concerning any participants, volunteers, and personnel.

By signing below, I acknowledge the confidentiality policy of The Riding Therapy Center and by my signature I am agreeing to comply with the confidentiality policy of all participants, volunteers and personnel.

Signature: \_\_\_\_\_  
*(Participant's Parent/Guardian/Caregiver)*

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

## CONDUCT OF PARTICIPANTS AND GUESTS:

All participants will maintain acceptable behavior while on the premises. No one will ride under the influence of any non-prescribed drug. All riders must follow all safety procedures or they will not ride.

All guests will be expected to comply with all safety standards. No abusive, disruptive or disrespectful behavior will be tolerated. Guests who do not behave properly will be directed to leave the premises. All such incidents will be recorded and if necessary, reported to law enforcement.

Initial: \_\_\_\_\_

*(Participant's Parent/Guardian/Caregiver)*



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## Sensory & Wooded Trail Consent

The Sensory and Wooded Trails are designed to offer a variation in the setting for riding lessons. These trails will also offer the opportunity for varied learning games and cognitive stimulation in a unique setting.

It is our hope that lessons deemed appropriate for the Sensory & Wooded Trails will augment and enhance the lesson goals for the client. Each horse used on the trails has been worked in the setting so as to familiarize them to the surrounding environment. The volunteers have also had a special orientation to the trail with specific safety procedures to follow in that setting. All safety precautions are taken, however, it must be noted that a "trail" environment is different from an arena-like setting with different risks. Therefore, we ask that you consider this setting for the client's ride and if consent is given or not given for the Sensory & Wooded Trail, please indicate so below.

I consent for \_\_\_\_\_ (Camper's Name) to ride or drive in the designated Trail areas.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Participant's Parent/Guardian/Caregiver)*

I do NOT consent for \_\_\_\_\_ (Camper's Name) to ride or drive in designated Trail areas.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Participant's Parent/Guardian/Caregiver)*