



2014 Summer Camp Registration

<i>Camper Name & DOB</i>			
<i>Address</i>			
<i>Parent/Guardian</i>		<i>Phone</i>	
<i>Emergency Contact</i>		<i>Phone</i>	
<i>Registering For:</i>	<input type="checkbox"/> Full Camp \$425 <input type="checkbox"/> Mini Camp (ages 6-8) \$210		
	<input type="checkbox"/> June 23-27 (Horse Crazy) <input type="checkbox"/> July 21-25 (Showing) <i>Full Camp Only</i> <input type="checkbox"/> July 28-Aug 1 (Horse Health) <input type="checkbox"/> Aug 4-8 (Trail Riding) <i>Full Camp Only</i> <input type="checkbox"/> Aug 11-15 (Horse Heroes)		

<i>Does the camper have any allergies, chronic illness, or medical conditions? If yes, please describe.</i>	
<i>Is the camper prescribed for an inhaler or epi-pen? If yes, please explain instructions.</i>	

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by the Equine Discovery Center during the selected camp. In exchange for the acceptance of said child's candidacy by Equine Discovery Center, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Equine Discovery Center and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Equine Discovery Center, including all employees and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports, including equine related activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Medical Release and Authorization

As Parent and/or Guardian of the named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Equine Discovery Center and its affiliates including Directors and Employees to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered camp.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

PARENT OR GUARDIAN SIGNATURE

DATE