



**Faith Equestrian Therapeutic Center Inc.**  
*Horses Helping People Help people*



PONY PALS CAMP 5-7yo

Dear Camper Parent:

Thank you for registering for our "Summer" New Pony Pals camp at Twin Pines Farm. Please fill out the enclosed forms and return so we can have time to prepare 3 days of fun for your child! If your child for any reason cannot participate in the camp \$60.00 is considered a nonrefundable deposit.

**Below are some things your child must do / have to be prepared:**

1. Please wear sturdy shoes, no open toes or any kind of sandals or clogs. (if your child shows up without proper foot wear they cannot participate)
2. Comfortable clothing, jeans are best (no soft jog pants) and a t-shirt, polo, etc. Tie back long hair.
3. Young Ladies, no loop earrings, bangles or necklaces. These things can get caught up in the pony's manes or tack and cause you or them to get hurt. (We are not responsible for any lost or damaged property).
4. Bring a snack and your favorite beverage (we have a refrigerator to store items) We supply plenty of water.
5. Please make sure we know about any allergies treatments for any allergic reactions or medical problems, (fill out and return enclosed form)

Parents should be here by 8:45 am and camp runs until 12:00 pm Monday thru Wednesday. Please be on time in the mornings, we don't want your child to miss any of the fun. **NOTICE:** No early arrivals allowed in unless this has been pre-approved by the instructor because of a work conflict. Also, please be on time to pick up your child at 11:30pm Your child's camp is being sponsored by Faith Equestrian Therapeutic Center. The money you spend on this day horse camp for your child goes to help children with disabilities have an activity with horses that otherwise would not exist. We thank you for your participation and God bless,

*Bonnie Rachael / CEO / PATH intl. Certified Instructor and Equine Mental Health and Learning Specialist (EMHLS)*



**PARTICIPANT REGISTRATION AND PHOTO RELEASE**

PARTICIPANT NAME:	DATE OF BIRTH:	AGE:	Height:	weight	Male	Female
ADDRESS:	CITY:		STATE / ZIP			
Home phone:	Email address:					
Parent ( custodial) or Guardian:	Address if different:		Phone if different:			
School or programs presently attending:						
Please describe any previous experience with horses / riding ( no experience is required):						

**Photo release**

- I consent
- I do not consent

to and authorize the use and reproduction by Faith Equestrian Therapeutic Center of any and all photographs and any other audio-visual materials taken of me / my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.  
 Please sign below only if you checked "I do consent"

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ client, parent/guardian



**Medical information**

With any outdoor activity there is always a possibility of insect bites, stings, etc and allergic reactions to these and other things like pollen, hay, dust etc.  
If your child has allergies please list them below and treatments for any allergic reactions. This form stays with your emergency treatment form.

List of allergies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If your child has no allergies please advise us by putting “N/A” on the line above)

Any treatments? Please list and bring with child if necessary, or give prior to drop off

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

**Responsible person information**

Name of responsible person bringing and picking up your child *(if it is not the registering parent)*

\_\_\_\_\_.

Contact phone #'s of this person:

\_\_\_\_\_

Verify Tee shirt size by circling one: ( youth sizes) small – med - large – x large

specify if adult size is needed: small - med - large



GENERAL ACTIVITY RELEASE, ASSUMPTION OF RISK and WAIVER OF LIABILITY  
AGREEMENT

*This document waives important legal rights. Read it carefully before signing.*

I AGREE for my child, and/or administrators, my /our assigns, in consideration for my, and/or my child's, and myself participation in Faith Equestrian Therapeutic Center activity of the following:

I AGREE that I choose to participate voluntarily in Faith Equestrian Therapeutic Center activities as a rider, handler or spectator. I am fully aware and acknowledge that horse sports and Faith Equestrian Therapeutic Center activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death ("Harm"). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity, which mean a danger, or condition that is an integral part of an equine activity, including but not limited to, any of the following:

- ❖ The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- ❖ The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- ❖ Hazards, including, but not limited to, surface or subsurface conditions;
- ❖ A collision with another equine, another animal, a person, or an object;
- ❖ The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I AGREE that I/my child/my ward would like to participate in the Faith Equestrian Therapeutic Center program. I acknowledge the risks and potential risks; however, I feel that the possible benefits to me / my child / my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages against Faith Equestrian Therapeutic Center, it's Board of Directors, instructors, therapists, aides, volunteers, employees, Twin Pines Farm, and affiliated organizations for any and all injuries and/or losses I may sustain while participating in the Faith Equestrian Therapeutic Center program including activities occurring outside of the scope of the program itself, including, but not limited to transportation, care giving, horse exercising etc.

By signing below, I ACKNOWLEDGE that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent to Faith Equestrian Therapeutic Center that I fully understand its contents, that I do not need any further explanation, and I waive any further explanation.

I AGREE to assume all risks of Harm to me and / or my child, and specifically agree to the GEORGIA LIABILITY LAW regarding equine / farm animal activity liability: Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, chapter 12, Title 4 of the official code of Georgia annotated. ACCEPTED BY: (if under the age of 18 years old, there must be a legal guardian signature below): BOTH date and signature MUST be completed

Name (Printed):	DATE:
Signature / Legal Guardian Signature(s) if participant is under 18 years old:	