

# Winton Woods Parky's Farm Riding Center

## HORSE CAMP AGREEMENT



In order for your child to participate in camp, this form must be completed once a year and will be kept on file at Winton Woods Riding Center.

### Camp Policies

- Payment in full is required at the time of registration. ALL payments are non-refundable.
- Camper should not come to camp if sick.
- Make-up classes are not available for campers who have to miss a day of camp for any reason.
- All campers must be signed in and out each day of the camp session by a responsible party. (The person who brings the camper or picks them up.)
- Horse camps will not automatically be canceled due to weather, including heat, cold, snow or rain. In the event of rain, lessons will be held in the indoor arena. In the case of thunderstorms, classroom activity will take place.

### Camper Guidelines

- All campers must be at least 48" tall, between the ages of 7–17 and a maximum weight allowance of 220 pounds.
- All campers must wear ASTM (American Safety & Testing Materials) approved riding helmets while mounted at all times.
- Campers must wear long pants.
- Campers must wear hard-soled shoes or boots with a low, defined heel and light tread or smooth sole when in the barn, paddock, stalls and mounted. No tennis shoes, sandals or hiking boots are permitted.
- Avoid sharing equipment, food, beverages and supplies with other campers.
- Face masks will be required at all times when entering the barns and buildings at Parky's Farm, during riding times and when interacting in close proximity to instructors and other campers.
- Only staff and scheduled volunteers are permitted in the barn or paddock area unless an instructor is present and permission to enter is granted.
- Use social distancing and maintain at least six feet between individuals in all areas of Parky's Farm including classroom, barns, cross ties, tack rooms, stalls, mounting blocks, bathrooms etc.

### Warnings and Assumption of Risk Agreement

Horseback riding is classified as ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are inherent elements of risk always present in any such activity despite all safety precautions. I fully accept such risk, some examples of which are listed as follows:

1. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
2. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
3. Hazards, including, but not limited to, surface or subsurface conditions;
4. A collision with another equine, another animal, a person, or an object;
5. 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.
6. I understand participation in this event/activity is inherently dangerous and that injury and illness including communicable diseases such as influenza, MRSA, Coronavirus etc. is possible.

### CAUTION

1. It is not possible for any person or establishment to predict exactly how a horse will behave when it is frightened, angry or under stress. It may react according to its natural instincts, which are to jump sideways, forward or backward.
2. Upon mounting a horse and taking up the reins, the rider is in primary control of the horse. If a rider falls from a horse to the ground, it will be a fall of from three to five feet and impact will be according to physical law, possibly resulting in injury, disability, or even death to the rider.

## Release Agreement

I, \_\_\_\_\_, understand and agree to accept full responsibility for bodily injury which is sustained to me, (or my child or the minor whom I have represented myself as the guardian by signing this release) or in relationship to the premises and operations of Winton Woods Riding Center, and/or while riding or handling horses or other animals owned by the Great Parks of Hamilton County; and that I/We hereby, for myself, do hereby release and discharge the owners, operators, sponsors of the premises and their respective servants, agents, officers, and all other participants from any claims, demands, actions, and causes of actions for same injuries.

I give my full permission for Great Parks of Hamilton County and their sponsors to use any photographs, videotapes or other recordings of my child that are made during the course of this event.

I acknowledge that I have read and fully understand the camp policies, guidelines, risk agreement and release agreement.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Date*

Winton Woods Parky's Farm Riding Center  
**HORSE CAMP FORM**



**Medical Record**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

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

City/State/ZIP Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

*For reminders and updates*

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts**

*Person who is authorized to give temporary assistance or care in the absence of a parent or guardian.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for a trained staff member or volunteer to administer basic first aid to my child if necessary. In case of emergency, I give my permission for my child to be taken to the nearest hospital or emergency facility.

Please initial \_\_\_\_\_

Does your child have allergies to food, medications or insect bites? If so, what are the allergies and their treatments?

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

Does Great Parks Staff or volunteers have permission to administer treatment if an allergic reaction occurs?

Yes  No

Does your child have any additional medical or learning needs that staff should be aware of? If yes, please explain:

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

Is there anything else we should know about your child?

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

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*