

HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUALS

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
THIS STABLE (Camp Allegheny) DOES NOT GUARANTEE YOUR SAFETY.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE---In consideration of the payment of a fee and the signing of this agreement, I the following listed individual, and the parent of legal guardians thereof if a minor, do hereby agree to hire from THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horseback riding today ____/____/____ and on all future dates.

RIDERS NAME: _____ AGE (if under 21): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE _____ CELL PHONE _____

***Write initials below after reading each section. Parents or Legal Guardians must also initial.**

AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS--- This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof in a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I" "ME" "MY" shall herein refer to the above registered rider and the parents or legal guardians thereof in a minor. ____/____ Rider/Parent or Guardian

ACTIVITY RISK CLASSIFICATION---I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. I/WE further understand that applicant may be participating in a "WILDERNESS EXPERIENCE" and that the meaning of this term is defined as follows: THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST and/or HILLS AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE, BUT NOT LIMITED TO MAMMALS, REPTILES, AND INSECT, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL. ____/____ Rider/Parent or Guardian

NATURE OF STABLE HORSES---I UNDERSTAND THAT: THIS STABLE chooses its rental horses for their calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and THIS STABLE follows a rigid safety program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 ½ feet to 5 ½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions, or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger. ____/____ Rider/Parent or Guardian

RIDER RESPONSIBILITY--- I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety, and that of an unborn child if the rider is pregnant. THIS STABLE advises pregnant women not to ride horses, unless permission is given under advice of her physician. ____/____ Rider/Parent or Guardian

CONDITIONS OF NATURE---I UNDERSTAND THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural. ____/____ Rider/Parent or Guardian

CARRY- ON OBJECTS AND SHARP NOISES--- I UNDERSTAND THAT: Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce or make sharp noises, possibly scaring a horse. SOME EXAMPLES ARE: Cameras, hats not securely fastened under chin, toys, purses. Riders must not make sharp, loud noises, such as screaming or yelling, which may scare a horse. ____/____ Rider/Parent or Guardian

SADDLE GIRTHS NATURAL LOOSENING: I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal. ____/____ Rider/Parent or Guardian

PROJECTIVE HEADGEAR: I understand that this stable requires the use of proper protective headgear (helmet). It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider's head, and that once provided it is the riders responsibility to notify staff immediately if the helmet becomes loose or not fitting properly. This stable and staff are not responsible if headgear is not fitted properly. ____/____ Rider/Parent or Guardian

LIABILITY RELEASE: In consideration of THIS STABLE allowing my participation in the activity, under the terms set forth here, I, the rider and the parent or legal guardian thereof if a minor, do agree to hold harmless release THIS STABLE< its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from liable due to THIS STABLE'S ordinary negligence: and I do further agree that except in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions, and cause of action and/or litigation against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE< to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE. ____/____ Rider/Parent

ALL RIDERS AND PARENTS OR LEGAL GUARDIANS MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT.

SIGNER STATEMENT OF AWARENESS: I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE, AND ASSUMPTION OF RISK.

SIGNATURE OF RIDER

DATE

SIGNATURE OF PARENT, GUARDIAN

DATE

CAMP ALLEGHENY

Health History and Medical Information Form for Children and Youth

1. Contact and Insurance information

Camper _____ Event Name & Number _____

Name _____ Age _____ Date of Birth _____
First Last

Address _____ City _____ State _____ Zip _____

Parent(s) or Legal Guardian Please provide all addresses and phone numbers

Name _____ Home Phone () _____ Work # () _____ Cell () _____
First Last

Address _____ City _____ State _____ Zip _____

Name _____ Home Phone () _____ Work # () _____ Cell () _____
First Last

Address _____ City _____ State _____ Zip _____

Emergency Contact-Not a parent. This is REQUIRED and VERY IMPORTANT!

Name _____ Home Phone () _____ Work # () _____ Cell () _____
First Last

Address _____ City _____ State _____ Zip _____

Insurance Information

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If yes, indicate carrier or plan name _____ Group # _____

Family Physician _____ Phone () _____

HEALTH HISTORY

ALLERGIES: List all known.

Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list)-include insect stings, hay fever, animal dander, etc.

History of any of the following:

☐ Asthma or any breathing problem ☐ Diabetes ☐ Ear infections ☐ Headaches ☐ Seizures

☐ History of homesickness ☐ Recent exposure to Head lice (within the last 4 weeks) _____

☐ Allergic reaction to any insect sting/bite. Reaction _____

Please note any other medical history you feel will be helpful _____

Please bring this completed form with you to camp registration.

Camper's Name _____ **Event Name & Number** _____

MEDICATIONS BEING TAKEN

Please list ALL medication (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp.
Keep ALL medications, both prescription and non-prescription drugs, in their original packaging/containers.

☐ This person takes **NO** medication on a routine basis.

☐ This person takes medications as follows:

Med # 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med # 3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Please attach additional pages if more medications are taken.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

List any medications taken during the past six months not currently being taken _____

PHYSICAL/ACTIVITY RESTRICTIONS

The following restrictions apply to this individual _____

Explain physical restrictions due to (hospitalizations, accidents, illness, etc.) _____

Explain activity restrictions (e.g., what cannot be done, what adaptations or limitations are necessary) _____

DIETARY RESTRICTIONS

☐ Does not eat red meat ☐ Does not eat pork ☐ Does not eat poultry ☐ Does not eat eggs ☐ Does not eat seafood ☐ Does not eat dairy

☐ Other (describe) _____

Are all immunizations up to date? ☐ Yes ☐ No

Has camper been exposed to any contagious diseases in the last 4 weeks? ☐ Yes ☐ No If yes, to what _____

Over the counter Medications:

The Health Center is stocked with the following medications. Please put a check mark in front of the medication that you give the Health Professional permission to use for your child if needed. If your child takes any of these medications on a regular basis you should still bring that medication with you and check it in with the Health Professional.

YES	NO	MEDICATION	YES	NO	MEDICATION	YES	NO	MEDICATION
		Tylenol (Acetaminophen)			Triple Antibiotic Ointment			Sting Relief for Insect bites
		Advil (Ibuprofen)			Visine/Clear Eyes			Salt Water Gargles
		Benadryl (Diphenhydramine)			Contact Lens Relief/Rewetting drops			Tinactin (Tolinafate)
		Claritin (Loratidine)			Hydrocortisone 1 % Cream			Lotrimine (Clotrimazole)
		Milk of Magnesia			Dramamine			Vaseline (Petroleum jelly)
		Maalox (Magnesium Hydroxide)			Anbesol/Oragel			Sunscreen
		TUMS (Calcium Carbonate)			Bengay (Methyl Salisylate)			Allegra (Fexofenidine)
		Imodium (Loperamide)			Swimmer's Ear Drops			Normal Saline Nose Drops
		Caladryl Clear (Calamine Lotion)			Blistex			Gatorade
		Ricola Cough Drops or equivalent			Robitussin Elixir or equivalent			
		Chloraseptic Throat Spray			Robitussin DM or equivalent			

Camper's Name _____ **Event Name** _____

Important – These boxes must be complete for attendance*

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in *loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Printed Name _____ Date _____

As parent or legal guardian, I accept the conditions stated, including the release of the W PA UMC and Camp Allegheny from liability in case of accident or illness. I give permission for the applicant's picture in camp activities to be used in brochures, publications and visual presentations promoting the W PA Camping Ministries, and Camp Allegheny.

Signature of parent or guardian or adult camper/staffer _____ Date _____

In case of a very traumatic situation, it is a normal procedure to ask a pastor to assist in supporting campers. Please indicate your preference.

Yes, this in fine _____ No, thank you _____ Other: Please specify _____

Pastor Name _____ Phone Number () _____

We have read and understand the Camper Behavior Agreement. The camper agrees to abide by the agreement and we understand that failure to follow the expectations in that agreement may result in the early termination of our camper's stay without refund or other compensation.

Signature of Camper/ staff: _____ Date _____

Signature of parent or guardian (If camper a minor) _____ Date _____

FOR CAMP USE ONLY:

Temperature at Registration: _____ Anyone in home/resident been sick in the last 24 hours? _____

Comment: _____

Signature _____ Date: _____

Outdoor Adventure and Travel Activities Release Form

Including but not limited to Challenge Course, Climbing Wall, Climbing, Rappelling, Zip- Line, Travel)

By signing this release form, I and/or my child agree to release and hold harmless, CAMP ALLEGHENY, their agents, assistants, employees, for any damage or injuries, physical or mental, which I/my child might incur as a result of my voluntary decision to participate in the "Outdoor Adventure or travel Activities" held at or by: CAMP ALLEGHENY.

I/my child do voluntarily choose to participate in the "Outdoor Adventure or travel Activities", I/my child recognize that there is a significant element of risk in any adventure, sport, travel or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I/my child certify that I/my child am fully capable of participating in the activities.

I/my child assume full responsibility for myself or my child for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence, or other risks, including but not limited to those caused by the challenge course, the terrain, the weather, my athletic and physical condition, and other participants.

I acknowledge that I/my child have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided do acknowledge that I/my child have read completely and fully understand all aspects of this release form and agree to its terms in their entirety.

Print name _____

Signature _____ Date _____

Signature of parent or guardian (if under 18) _____ Date _____