



Horse Lovers' Summer Day Camp 2019

Again this year we will be hosting camps at both of our facilities.
Stepping Stone Facility -1841 Unbridled Way, Blacklick, OH 43004

Dreams on Horseback Facility - 1416 Reynoldsburg-New Albany Rd., Blacklick, OH 43004

Registration Form

Camper's Name: _____ Date of Birth: _____
 Parent/Guardian Name: _____ Gender (circle) M F
 Best Contact Phone Number: _____ Email Address: _____

T-Shirt Size

- Child 6/8
- Child 10/12
- Child 14/16
- Adult Sm
- Adult Med
- Adult Large

Riding Experience (circle one)

Beginner: Ridden horses less than 10 times.

Intermediate: Taken more than 10 horseback riding lessons; can ride at a walk and trot.

Advanced: Taken one or more years of horseback riding lessons; can ride at a walk, trot, and canter; can groom, tack, lead, and demonstrate overall control of horses.

Does your child have any special needs or learning disabilities? (circle) Y N

This information must be disclosed in order to ensure that your camper has a safe experience. Failure to do so may result in removal from camp and forfeiture of camp fees. Students with special needs must be current or past students of Field of Dreams or Dreams on Horseback. An additional \$150 will be due for additional staffing.

Camp Dates

SS = Stepping Stone Facility

DOH = Dreams on Horseback Facility

Please indicate your 1st, 2nd and 3rd choices

My child would like to be able to attend the same camp as _____ (insert name of other camper)

- SS - June 3-7* (Lesson Riders)
- DOH - June 3-7
- SS - June 10-14
- DOH - June 10-14
- SS - June 24-28
- SS - July 1-3**
- SS - July 8-12* (Lesson Riders)

- SS - July 22-26
- DOH - July 22-26
- SS - July 29 - Aug 2
- DOH - July 29 - Aug 2
- SS - Aug 5-9
- DOH - Aug 5-9

*Lesson Riders Camp - This camp is open to students who have taken 3 months of lessons at FOD within the last 12 months or with instructor approval.

**Due to the shortened holiday week, the cost for this camp is \$260

Supervision Beyond Camp Hours

(9am-4pm) (\$5/30 min)

Anticipated drop off/pick up time
Paid directly to camp staff on 1st day.

- Monday ___ am ___ pm
- Tuesday ___ am ___ pm
- Wednesday ___ am ___ pm
- Thursday ___ am ___ pm
- Friday ___ am ___ pm

Payment Information

Registration Fee \$425
 Assistance \$ _____
 Multi Discount -\$ _____
 Total Due \$ _____

Deposit Required \$100

FOR OFFICE USE ONLY

Application Received _____
 Participant Reg Form _____
 Liability Form _____
 Medical Form _____
 Health History _____
 Deposit Received _____
 Amount _____ Check # _____

PARTICIPANT REGISTRATION

Participant Name _____ Date of Birth _____

Street Address: _____ City _____ State _____ Zip Code _____

Primary Telephone– Cell/Home _____ Cellular Number for Texts _____ Primary Email _____

Participant is a (circle one): Minor Adult with legal guardian Independent adult

Male/Female Height _____ Weight _____ Contact Lenses? Y / N

Parent/Legal Guardian's #1 Name Telephone Number Email Address
 (participant under age of 18) (Cell/Home/Work)

Parent/Legal Guardian's #2 Name Telephone Number Email Address
 (participant under age of 18) (Cell/Home/Work)

Caregiver Name Telephone Number Email Address
 (if present during program participation) (Cell/Home/Work)

Please (*) the phone number above that we should call to inform you of class cancellations.

School/Employer of Participant _____

Referral Source: How did you hear about us? _____

PHOTO/VIDEO RELEASE

We love to share the many wonderful programs at our facility, and photographs and/or videos help convey that message better than words. If permitted, we pledge to present the materials in a professional manner.

I hereby (Circle One) Consent Do Not Consent

to the use by Dreams on Horseback or Field of Dreams of photographs or audio/visual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibits, or for any other use for the benefit of the program.

Signature: _____ Date: _____

PARTICIPANT HEALTH HISTORY

Participant Name _____ Date of Birth _____

Medications List: _____

Allergies – Check all that apply. If checked please explain.

Food _____ Insect Bites _____ Plants _____

Animals _____ Other Allergies _____

History of Asthma _____ Carry an EpiPen Carry an Inhaler

Check here if yes Provide details and age presented

Section 1

Behavioral issues		
Emotional and psychological issues		
Skin breakdown or pressure sores		
Diabetes		
Fatigue or limited endurance		
Immune deficiency		
Bleeding or clotting disorders		

If any of the following conditions apply, you must also complete a Physician’s Statement in order to ride.

Check here if yes Provide details and age presented

Section 2

Activities have been restricted due to medical reasons in past 12 months		
Hospitalized for any serious injury, condition or surgery in past 12 months		
Experienced loss of consciousness in past 12 months		
Experienced seizure activity in past 12 months (Seizure Evaluation Form also required)		
Currently uses crutches, braces, wheelchair, walker for mobility		
Poor head/neck/trunk support		
Treated for conditions of the spine, including, but not limited to spinal cord injury, curvature, fusion, instability, abnormalities or Spina Bifida		
Joint contractures, cerebral palsy, or hip dysplasia		
Pathologic fractures		
Neuromuscular Disorders/Multiple Sclerosis (MS)/ ALS		
Myopathy/Muscular Dystrophy (MD)/Spinal Muscular Atrophy (SMA)		
Brain injury (including stroke), Cranial Defect		
Down Syndrome		

List any other medical conditions or equipment of which we should be aware (ie. shunts, feeding tubes, catheters)

I hereby affirm that, to the best of my knowledge, the medical history information is complete and correct.

Signature of Participant or Parent/Legal Guardian if under 18 _____ Date _____

We reserve the right to restrict activity for any reason for any participant in order to ensure the safety of all participants.



I, or the parents or legal guardians of the listed individual is a minor, do hereby voluntarily agree to participate in an equine activity sponsored by Dreams on Horseback or Field of Dreams, "Sponsor." The terms "I", "We", "Me", or "My" shall herein refer to the participant listed below and the parents or legal guardians thereof if a minor.

Participant(s) Name(s)	Age	Does this participant have a physical or mental condition that may affect his/her safety and ability to ride a horse of which we should be aware? Circle One: Yes No (If yes, describe below)

INSURANCE. If medical treatment is required, I and/or my medical insurance company shall pay for ALL such expenses.

CONTRACT. This agreement is legally binding upon me, my heirs, estate, assigns, including all minor children and personal representatives, and it shall be interpreted according to the laws of the State of Ohio. This agreement is intended to be binding now and in the future when SPONSOR permits me (directly or indirectly) to be near any horse, receive riding, training, instruction, or guidance from SPONSOR'S employees or agents, either on or off of SPONSOR'S property. Any disputes shall be litigated in Franklin County, Ohio. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void.

RISKS. Risks, conditions, and dangers are inherent in an equine activity, regardless of all feasible safety measures that can be taken, and I agree to assume them. The inherent risks include, but are not limited to, the propensity of an animal to behave in ways that may result in injury, harm, 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, encounter, or confrontation with another equine, animal, person, or object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons including, but not limited to, failing to maintain control of an equine or failing to act within the ability of the participant. 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 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horse activities involve situations in which a smaller, weaker predator animal (the human) tries to impose its will on another much larger, stronger prey animal that has a mind of its own (the 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 that may include but are not limited to stopping short; changing directions and speed; shifting its weight; bucking; rearing; kicking; biting; and running from danger.

CONDITIONS OF NATURE. SPONSOR is NOT responsible for occurrences of nature or sudden, unfamiliar sights, sounds, or movements that can scare a horse, cause it to fall, or react in some other unsafe way. Examples include but are not limited to thunder, lightening, rain, wind, sliding snow from rooftops, wild and domestic animals, insects, or reptiles that may walk, run, fly near, or bite or sting a horse or person, and irregular footing on out-of-door groomed or wild land that is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I am not relying on Sponsor to list all possible conditions for me.

GIRTHS. Saddle girths (fastener straps around horse's belly) may loosen while riding. Students must alert Sponsor's staff of any girth looseness so action can be taken to avoid slippage of saddle and potential for the rider to fall from the horse.

HELMET. I have been advised by SPONSOR that protective headgear meeting or exceeding ASTM/SEI quality standards should be worn while I am involved in any equine activity. I understand that wearing headgear during any equine activity may reduce the severity of head injuries and possibly prevent death as the result of a fall or other occurrences. I am not relying on SPONSOR or its associates to guarantee my personal helmet protects me in this manner.

PHOTO AND VIDEO RELEASE. Pictures and video may be taken during this equine activity. By signing this waiver, I agree that pictures of participant may be used by SPONSOR only for marketing purposes.

LIABILITY RELEASE. In consideration of SPONSOR allowing my participation in this activity, under the above terms, I agree to release, hold harmless, and discharge SPONSOR, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf ("Associates"), from all claims, demands, causes of action and legal liability, due to SPONSORS' or ITS ASSOCIATES' negligence, and I do further agree that except in the event of SPONSOR'S gross negligence or willful or wanton misconduct, I shall not bring any claims, demands, or legal actions against SPONSOR or ITS ASSOCIATES for any economic and non-economic losses due to bodily injury or death or property damage sustained in relation to the premises or equine activities of SPONSOR, to include riding, training, handling, or otherwise being near horses owned by me or SPONSOR, or in the care, custody, or control of SPONSOR, whether on or off the premises of SPONSOR.

I, THE UNDERSIGNED, REPRESENT THAT I HAVE READ AND UNDERSTAND THE FOREGOING LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

Signature of participant, parent or legal guardian if participant younger than 18

Date