

Day Camp Release Form Summer Session

Camper's Name: _____

Birth Date: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Grade: _____

School Camper Attends: _____

Other camps attended by camper: _____



PARTICIPANT AGREEMENT/TERMS AND CONDITIONS

1. All participants will agree to abide by Chariot Rider Inc. rules and policies.
2. Directors of Chariot Riders may dismiss a participant from Chariot Riders Horse Camp at any time.
3. Chariot Riders Inc. is not responsible for any lost articles of clothing or campers' personal articles.
4. Chariot Riders Inc. may use photographs/video of participants for promotion. *(initial here _____)*
5. You as a parent/guardian of your child are aware of the inherent risks and potential for risks of engaging in horseback riding activities as well as activities in close proximity to horses. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors and/or administrators, waive and release forever all claims for damages against **Chariot Riders Inc.**, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees, owners of property used/leased by Chariot Riders Inc and representatives (collectively) against all liability, demands, claims, costs, losses, damages, recoveries, settlements incurred by indemnities ("losses") regardless of cause other than gross negligence, known or unknown, arising from your child's participation in Chariot Riders Day Camp activities, for any and all injuries and/or losses that my son/daughter/ward may sustain while participating in activities at **Chariot Riders Inc.**

PARENT/GUARDIAN SIGNATURE _____ **DATE:** _____

Is the camper receiving medical treatment or under the care of a psychologist/therapist/physician?

Yes No If yes, Why? _____

Is the camper currently enrolled in special school/class?

Yes No If yes, Why? _____