

CAMP CARE RELEASE FOR ADAPTIVE RIDING PROGRAM

Parent/Guardian Name(s) _____ Camper Name _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Guardian email address _____

Emergency Contact: _____ Phone Number _____

In order to ensure coordinated care, staff and volunteers are provided with the following information:

Physician's Name: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of/or while being on the Camp Care property or participating in the Center for Adaptive Riding program, I authorize Camp Care/Center for Adaptive Riding to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-rays, surgery, hospitalization, and medication. In addition, I authorize Camp Care/Adaptive Riding to release me/my child/my ward's records to any individual(s) involved in medical treatment and/or necessary transportation

LIABILITY RELEASE: Under Nevada Law, an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

_____ (Participant's name) would like to participate in the Camp Care/Center for Adaptive Riding program. As such, I do hereby release, forever discharge, and agree to hold harmless CampCare, its directors, employees, volunteers, and agents, as well as the Zephyr Point Conference Center, from any and all liability, lawsuits, claims or demands for accidental personal injury, sickness or death which may be incurred by the undersigned and/or the above camper which may be sustained while participating in the Camp Care/Center for Adaptive Riding program.

Date: _____

Participant: _____

Legal Guardian Signature [required if participant has a legal guardian]:

Signature

[Remainder of page left intentionally blank.]

PHOTO & PUBLICITY RELEASE (OPTIONAL): I hereby consent to and authorize Camp Care/Center for Adaptive Riding to use my/my child/my ward's name in any audio/visual and/or written promotional material and to use and/or reproduce any/all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, education activities, exhibitions of for any other use for any other use for the benefit of the program.

Date: _____

Participant: _____

Legal Guardian Signature: [required if participant has a legal guardian]:
