



Camp Participant Registration

GENERAL INFORMATION

Participant Name: _____ Date: _____

Parent/Legal Guardian: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Mailing Address: _____

Primary Phone: _____ Email: _____

HEALTH HISTORY

Seizures: Y N Type: _____ Controlled: Y N Date of Last Seizure: _____

Allergies: Y N Please explain _____

Medication and possible side effects: _____

In case of emergency please contact:

Name: _____ Phone Number: _____

Media Waiver

I DO

I DO NOT

Grant Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center permission to take or have taken still or moving photographs or other audiovisual material and authorize the Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center to reproduce said photographs and use them for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____

(Parent/guardian if participant is under 18)



RELEASE OF LIABILITY

I, the undersigned, for myself and/or on behalf of my child warrant and agree that I will make no claim or file suit for any injury to person or property, or for any loss or destruction of any article of any kind or nature in connection with the participation of me and/or child at the Swiftsure Ranch and/or participation in the programs of the Swiftsure Ranch Therapeutic Equestrian Center. I understand that neither the Swiftsure Ranch nor Swiftsure Ranch Therapeutic Equestrian Center nor their respective officers, directors, employees, volunteers, or agents accept any responsibility for accidents, damage, injury or illness to the riders, horses, members, sponsors, agents, spectators or any other person or property owner in connection with operation of the Swiftsure Ranch. As a condition of using the facilities of the Swiftsure Ranch and the programs of Swiftsure Ranch Therapeutic Equestrian Center, I hereby waive, on my own behalf and/or for my child, all claims arising out of any act or omission of the Swiftsure Ranch and/or Swiftsure Ranch Therapeutic Equestrian Center and their respective officers, directors, employees, volunteers and agents. I understand that there are inherent risks in any participation and those risks are assumed by me for myself and/or on behalf of my child. I fully understand that animals and conditions are unpredictable and that the risk of injury or death is inherent to the activity of equine-assisted activities and therapies. For myself and/or on behalf of the child, I fully assume the responsibility for the risk of injury or death caused by my and/or the child's contact with horses and horseback riding. I, and/or on behalf of the child, completely release Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center and their respective officers, directors, employees, volunteers and agents from any and all liability for any and all injuries or death to either of me and/or to the child caused by my and/or child's contact with horses and/or horseback riding. Signing of this form binds me and/or my child to this hold harmless agreement. This document shall be constructed under the laws of the State of Idaho.

Participant's Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If participant is under 18)

Swiftsure Ranch Therapeutic Equestrian Center
114 Calypso Lane Bellevue, ID 83313
Phone: (208) 578-9111 Fax: (208) 788-0259
kristy@swiftsureranch.org