

**HORSEPOWER FOR KIDS, INC. / HORSE CRITTER CAMP
CAMP APPLICATION**

DATE CHILD WILL ATTEND CAMP (WEEK): _____

Child's Full Legal Name: _____

Nick Name: _____

Age: _____ Gender: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's full name/Guardian: _____

Address: _____ Phone: _____

Place of employment: _____

Occupation: _____ Phone: _____

Father's full name/Guardian: _____

Address: _____ Phone: _____

Place of employment: _____

Occupation: _____ Phone: _____

Child lives with: _____

Who has custody? _____

Child's Physician: _____ Phone: _____

May we contact another physician in case of emergency? Yes _____ No _____

Person(s) to be notified in case of an emergency if parents can not be reached?

We **MUST** have 2 contacts:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Others authorized by parent/guardian to pick up child: (send note with child)

Name: _____ Relationship: _____

Transportation by car, bicycle, taxi, etc.: _____

Please list child's fears, habits, behaviors, etc.: _____

Child's Allergies: _____

Other significant characteristics: _____

Parent/Guardian Signature: _____ **Date:** _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

In consideration of the services of Armando Gort, D.B.A., Horse Power for Kids, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "HPK"), I hereby agree to release, indemnify, and discharge HPK, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation Horseback riding activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks may include, but is not limited to: being struck by rock fall or other objects dislodged or thrown from above; the forces of nature, including lightning, and weather changes; slips and falls or falling off the horse; exposure to temperature and weather extremes which could cause cold shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to and travel in rugged terrain, exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, HPK employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HPK from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HPK's equipment or facilities, **including any such claims which allege negligent acts or omissions of HPK.**

4. Should HPK or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against HPK, I agree to do so solely in the state of Florida, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against HPK on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____ Phone Number _____

Address _____ City _____

State _____ Zip _____ Email _____

Signature of Participant _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by HPK to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless HPK from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____