

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Primary Care Physician or
other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ NO

☐ YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ NO

☐ YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? ☐ NO

☐ YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date

Summer Camp Checklist

Check Here	Summer Camp Items
	Riding Pants or Jeans (for riding)
	Change of clothes for after riding
	Sunscreen
	Socks and hard soled shoes (no flip flops or sandals allowed)
	Bagged Lunch (We have a fridge for lunches)
	Water Bottle (insulated if possible)
	Insect Repellent



CAMPER REGISTRATION FORM

2023



WEEKS ATTENDING:

June 19-23 (M-F) _____ June 26-30 (M-F) _____ *July 10-13(M-TH) _____ July 17-21(M-F) _____

*July 31-AUG3 (M-TH)____ AUG 7-11 (M-F)____ *PLEASE READ CAREFULLY SOME WEEKS ARE MON - THUR

Camper Name _____, _____ Date of Birth _____/____/____
Last Name First Name mm/dd/yyyy

Address _____

City _____ State _____ Zip _____

Parents Name _____ Phone Number _____

Email _____ Cell _____

Parents Name _____ Phone Number _____

Email _____ Cell _____

Emergency Contact _____
Name Phone Relationship

Riding Experience (Circle one) Never Ridden Beginner Intermediate Advance

If your child has riding experience please explain _____

How did you hear about us? _____

Will your child be needing extended care? Y _____ N _____

Early Care (7:00-9:00) _____ \$50/Week

Late Care (4:00-6:00) _____ \$50/Week

***A \$50 non-refundable deposit is due per week with Registration**

Weekly Camp Price

\$350.00 M-F weeks

\$280 M-TH weeks

South Breeze

Waiver Release of Liability

RIDER'S NAME: _____ **TODAY'S DATE:** ____/____/____

ADDRESS: _____ **DOB:** ____/____/____

CITY: _____ **STATE** _____ **ZIP:** _____

PARENT/GUARDIAN: _____

EMAIL ADDRESS: _____

HOME: _____ **CELL:** _____

WORK: _____ **OTHER:** _____

EMERGENCY CONTACT: _____

EMERGENCY #: _____

For and in consideration of South Breeze allowing me, the undersigned, to participate in any capacity (including as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, official, trainer or volunteer) event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities. I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors,, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement"):

A. RULES AND REGULATIONS: I hereby agree to be bound and abide by the rules, regulations, and policies of South Breeze or as amended from time to time.

B. ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any South Breeze Event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of South Breeze ; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").

EQUINE ACTIVITY LIABILITY ACT WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.

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

C. ASSUMPTION OF RISK: I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating South Breeze, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any South Breeze Events. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at any South Breeze Event.

D. WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation in any South Breeze Event, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: South Breeze, South Breeze Recognized Affiliate Associations, clubs, members, Event participants (including athletes/riders, coaches,

trainers, judges/officials, and other personnel), the Farm owner, licensee, and competition managers; the promoters, sponsors, or advertisers of any South Breeze Event; any charity or other beneficiary which may benefit from the South Breeze Event; the owners, managers, or lessors of any facilities or premises where a South Breeze Event may be held; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties (Individually and Collectively, the "Released Parties" or "Event Organizers"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the South Breeze Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

E. COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions. I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS. By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any South Breeze Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim. The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

FINANCIAL RESPONSIBILITY

I, the undersigned student, parent, and/or guardian, understand the South Breeze Equestrian Center Lesson Policy, including the payment policy and fiscal responsibility, and will comply with the rules and regulations therein. Furthermore, I agree to abide with those payment policies, and remit all fees due to the South Breeze in the required manner.

Signature (parent or guardian if under 18)

Date