**Champion Oaks Ranch and**

**Newton County**

**Summer Horse Camp 2023**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male \_\_\_\_\_\_ Female \_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies, Chronic Illness, or Medical Conditions, Inhalers, etc. Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEWTON COUNTY SUMMER HORSE CAMP**

**Hosted by Newton County Sheriff’s Office and Champion Oaks Ranch**

**INFORMED CONSENT AND ACKNOWLEDGEMENT FORM**

I hereby give my approval for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in any and/or all activities prepared by Champion Oaks Ranch (COR) and Newton County Sheriff’s Office (NCSO) during the selected camp. If my child is accepted to participate in the Summer Camp, I assume all risk and hazards incidental to the conduct of the activities and release, absolve and hold harmless COR and NCSO and all its representatives from any and all liability for injuries to the above listed camper arising out of traveling to and from camp sessions as well as participation in camp activities. I hereby waive all claims against COR and NCSO including all workers, volunteers, participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of the premises used to conduct camp sessions. There is an inherent risk of injury when participating in equine and other camp activities. (Initial)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE AND AUTHORIZATION**

As a parent or guardian of the above named camper, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional in the event of a medical emergency that may require attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort if delayed. Permission is hereby granted to the attending physician to proceed with any medical, minor surgical treatment, x-rays and/or immunization for the above named camper. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt possible will be made by the attending physician in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to COR and NCSO to provide the needed emergency treatment prior to the child’s admission to the medical facility. Release is authorized for the dates and duration of the camper’s registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the above named minor camper, in my absence.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NEWTN COUNTY SUMMER HORSE CAMP 2023**

**Provisions and Rules**

Newton County Sheriff’s Office and Champion Oaks Ranch are excited to be able to host the Summer Horse Camp once again. Summer is just around the corner, which means so is camp. We cannot wait to see your child and be able to provide a safe and fun experience for them.

At camp, we will provide a healthy breakfast, lunch and snacks throughout the day as well as plenty of water to stay hydrated. Our activities will include but are not limited to horseback riding, ground activities with horses, arts and crafts, and other basic life skills as well as team building activities. We will also provide several different motivational speakers throughout the week.

For your child to have the best experience possible there are a few things they will need to know ahead of time.

**ALL** paperwork must be submitted before camp starts *(turn in to Sheriff’s office)*

**NO** electronic devices will be allowed during camp (phones, tablets, iPods, etc)

**IF** brought, they will be collected and returned at the end of the day

**NO** extra snacks and drinks unless approved ahead of time

**NO** snacks and treats for the horses

**NO** crocs, sandals or opened toed shoes. If your child shows up without proper shoes, they will **NOT** be allowed to participate.

**Your child may bring a refillable water bottle if they would like.**

We look forward to spending 3 amazing days with your child at summer camp. Thank you for letting us be a small part of their summer.

CONSENT AGREEMENT AND LIABILITY RELEASE PLEASE READ CAREFULLY BEFORESIGNING

 do for myself and/or on behalf of my minor child or legal ward, hereby voluntarily request to be permitted to participate in equine activities on premises owned, leased or otherwise used by Champion Oaks Ranch. These equine activities may include but are not limited to equine therapy, general recreation, riding, caring for, or just viewing the horses.

In this agreement, I understand that the term "released parties" will include Champion Oaks Ranch and the owners, lessors and/or lessees of any property used for these equine activities, including their respective volunteers, trainers, servants, agents, employees, officers or partners.

I am fully aware and understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3-1/2 to 5-1/2 feet. I understand that l, or my minor child or legal ward, could be injured because of any of these or other actions of a horse. I understand these risks, and I voluntarily assume these risks and dangers.

I further understand that upon mounting a horse (whether taking up the reins or being led by another person), a horse may still behave in a way that is unpredictable, and that the released parties are not responsible for the actions of the horse. I am aware that the wearing of an approved riding helmet can always reduce the chance of injury to me and/or my minor child or legal ward and agree to wear such helmet while mounted on a horse. If I or my minor child or legal wards, at any time, elect not to wear a helmet, I bear full responsibility for any resulting injury or death. (Initial)



\_\_\_\_\_\_\_I fully understand and agree that l, alone, am to be responsible for any bodily injury or property damage which I or my minor child or legal ward should sustain on the premises and/or trails of the released parties while engaged in equine activities, and for any time I or my child or legal ward should lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage. In acknowledgement of the above, I hereby, for myself, my heirs, administrators and assigns, RELEASE AND DISCHARGE AND AGREE TO HOLD HARMLESS the released parties and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person or property, or to that of my minor child or legal ward, whether or not such injury or property damage resulted from negligence or gross negligence of the released parties or resulted from any defect in tack or equipment that might be used on or around a horse.

\_\_\_\_\_\_\_I understand and agree that, in exchange for being permitted to participate in equine activities associated with the released parties, I am voluntarily assuming the risks of any injury or property damage that might occur for ANY REASON and acknowledge my agreement that I may not bring a lawsuit or a claim of any kind against the released parties for such injuries and/or property damage. If I should bring such claim or lawsuit in violation of this agreement, I agree that I shall be liable to the released parties for all reasonable attorneys' fees and expenses that may be incurred by the released parties in defending against such claims.

\_\_\_\_\_\_\_I further agree to indemnify and reimburse the released parties for any injury and/or property damage caused to any third person because of any action or inaction on my part. This indemnification includes the reasonable cost of attorneys' fees and expenses incurred by the released parties in defending against any such suit.

\_\_\_\_\_\_\_I understand and agree that this Agreement and Liability Release is being entered in the State of Texas, and the laws of the State of Texas shall govern its terms and conditions. The parties agree that if any term or condition i; found to be invalid under the laws Of Texas, such offending term or condition shall be stricken from the agreement without affecting the other terms and conditions.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN 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.

I testify to the fact that I have read and understood all of the above statements, and by signing below agree to all above statements

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENTS: 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3: -------------------------------------------------------------------------------------------------------DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Champion Oaks Ranch

Photo/Media Release

\_\_\_\_I DO AUTHORIZE

\_\_\_\_I DO NOT AUTHORIZE

The use and reproduction by Champion Oaks Ranch and/or Newton County Sheriff’s Office of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed materials, educational activities, exhibitions, media releases or for any other use for the benefit of the program.

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian's Name (Print): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Guardian's(Signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Champion Oaks Ranch Representative:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Championoaksranch@yahoo.com](mailto:Championoaksranch@yahoo.com)

(409)384-6000