

**Horsemanship Camp Release**

**MEDICAL FORM**

Medical Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case of emergency, if parents can NOT be reached, please contact:

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

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Known Allergies/Drug reactions: \_\_\_\_\_

Asthma: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Last Tetanus Shot Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List of Medications Currently Taking: \_\_\_\_\_

I, the undersigned parent or legal guardian, do hereby authorize the SNU Horsemanship Camp instructors to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care which he or she may deem necessary.

It is understood that, in any event, an attempt will be made to contact the parent before treatment is started. I, the undersigned parent or legal guardian, understand that Southern Nazarene University or its Camp does not provide medical insurance for my child and certify that my child is physically fit to attend the SNU Horsemanship Camp and participate in all camp activities, on or off the property.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

# Southern Nazarene University

CHARACTER | CULTURE | CHRIST

## PARENT/LEGAL GUARDIAN

I, \_\_\_\_\_ (Parent/Guardian printed name), the parent or legal guardian of \_\_\_\_\_ (Camper printed name), a minor, am aware that my child may be exposed to activities that include but are not limited to nuts and milk products and that the location of this camp may expose child to potential insect bites/stings, including, but not limited to bees and wasps. I understand the risks and acknowledge that my child is not allergic and that in the event that my child should be stung, bitten, or have a reaction to an incident of exposure, Southern Nazarene University shall be saved harmless from and indemnified against any loss of life or personal injury, including cost of attorney's fees, medical bills, or medical emergencies. \_\_\_\_\_ (Initials)

I, \_\_\_\_\_ (Initials), the parent or legal guardian of said camper, a minor, do hereby consent to him/her taking the course of Horsemanship, and hereby agree that Southern Nazarene University Equestrian Center, its officers, agents, volunteers and employees, shall be saved harmless from and indemnified against any loss of life or personal injury, including loss of life or injury, including cost of attorney's fees, incident to or resulting in any way from any injury to person or damage to property resulting from any Horsemanship camp which might be a part to or incident to said camp or activity. I authorize the staff of Southern Nazarene University Equestrian Center to act for me according to their best judgment in any emergency requiring immediate medical attention and hereby waive the release from the camp for any and/or all facilities or in transport of any impairment that would be affected by the named camper's participation in the camp program as outlined in these forms.

I, \_\_\_\_\_ (Initials) am aware that insurance is not provided by SNU or the SNU Horsemanship Camp. \_\_\_\_\_ (date)

## CAMPER

I, \_\_\_\_\_ (Camper's printed name), having enrolled as a camper at Southern Nazarene University Horsemanship Camp, agree to be attentive to, respect and follow the directions and rules of those in authority over me, during the camping experience, which will include actual riding and care of the horses. I am aware of potential dangers which could occur if I do NOT obey. I will not hold Southern Nazarene University, the staff, volunteers, or counselors responsible for any accidents or injuries caused by misconduct on my part. \_\_\_\_\_ (date)

## PARENT/LEGAL GAURDIAN

I, \_\_\_\_\_ (Parent/Legal Guardian printed name), have explained the importance of following completely, the instructions given by counselors, staff, or other SNU authority, and adhering to the rules of this camp, to said camper. \_\_\_\_\_ (date)

My signature indicates that the above has been explained to me and I willingly place my child in the camp.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Relationship to Camper

## PHOTO RELEASE

I (We), the parent(s) or guardian(s) of \_\_\_\_\_ (Camper printed name) understand that as a participant in the SNU Horsemanship Camps, my child may be photographed or videotaped during camp activities. I also understand that these may be used in presentation and promotional materials for future camps. I release Southern Nazarene University from any and all liabilities.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_ Initial here if you do NOT want your child to be photographed or videotaped during SNU Horsemanship Camp activities.