

# Special Camps Information

Special Camps provides opportunity for new friendships, while encouraging independence and self-esteem in an all volunteer run camp to benefit children and adults with intellectual disabilities.

## DATES

Sunday - Friday, June 4 - 9, for adults ages 23 +

Sunday - Friday, June 11 - 16, for Stars ages 8 - 22

Sunday - Friday, June 18 - 23, for adults ages 23 +

## **Special Camps**

### **at White Pines Ranch, Oregon, IL**

Special Camps will be hosted at White Pines Ranch in Oregon, IL. White Pines Ranch is located about 30 minutes West of DeKalb. It will be a true dude ranch experience! White Pines Ranch has over 75 specially selected, gentle horses for our campers to groom, do lead rounds and trail rides. Dorm rooms are carpeted, air conditioned and have attached bathroom / shower area. Photos, and more info can be found @ [specialcamps.org](http://specialcamps.org)

## COVID PRECAUTIONS

Due to COVID... Everyone will take a negative home COVID test on day of arrival. Everyone must be capable of wearing a disposable mask covering their nose and mouth when indoors, (in case we need to do so).

Due to COVID, Family members will remain in the car while we check your child in with our nurses and meet your camp counselor. Your camp counselor will help your camper exit the car along with their luggage.

**Day Time Activities Include:** Grooming, Painting and Riding Horses, Swimming, Water Games, Crafts, Music, Sports, Archery, Wood Working, Talent Shows, Yoga, Drum Line Lessons + more.

**Evening Parties Include:** Bon fire with camp songs & S'mores, Hayride, Dances, and performances from small bands...

**Our All Volunteer Staff** are carefully screened. Most have volunteered for multiple years. Staff attend a thorough training period to learn through practice how to provide personal care. Registered nurses are on duty 24 hours a day to administer all medications and provide medical care.

## WHO IS ELIGIBLE?

This camp is exclusively for children and adults ages 9 and older who have been diagnosed with intellectual disabilities, who meet the criteria for camp admission.

## CRITERIA FOR CAMP ADMISSION

1. Campers should be capable of responding to staff with a verbal, audible, sign or physical response.
2. Campers must be able to adapt to a group living environment, including sleeping in a cabin next to others without disturbing others, following directions, and enjoying meals with others.
3. Campers must be independent in toileting.
4. Campers must not have behaviors that are challenging for their teenage camp counselor.
5. Campers must provide all required medical information to determine the appropriateness of the camper's admission. The supervising Camp Nurses will review all health forms to determine eligibility.
6. Special diets will be accommodated through family packing supplemental foods. Please ask for a copy of the menu.

## HEALTH & HISTORY FORM

Applications will not be accepted without a Special Camps health form signed by your doctor, dated November, 2022 or later. If your child lives in a group home, we will accept the home's Physician Orders, (PO Form), along with an unsigned copy of our health form.

## QUESTIONS YOU MAY HAVE...

**INSURANCE** - All campers are required to show proof of medical coverage in effect during entire camping session.

**TRANSPORTATION - DUE TO COVID, THERE WILL BE NO BUS PROVIDED THIS YEAR.**

**CLOTHING** - Older clothes are great. A list of suggested clothing will be included in confirmation packet.

Campers will be accepted based on qualifications and staff availability. Special Camps reserves the right to accept or deny applicants on-site or prior to attendance and will be the party responsible for acceptance or denial. Acceptance into Special Camps is the same for all applicants without regard to sex, race, disability, religion or social background.

I hope you grow to love Special Camps as much as our volunteers and I love bringing this amazing opportunity to our campers. Please feel free to call with any questions.

Sincerely yours,

Colleen McDonald  
President + Camp Director of Special Camps  
(630) 690-0944

# Special Camps



"This is the best week of my whole life"

## Don't forget to Include

- Health Form Signed By Doctor
- Camp Fee
- Sign The Waivers

## SPECIAL CAMPS 2023 Application

**(THIS FORM MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED)**

*Please copy the completed application for your records & mail original to Special Camps.*

The more we know about each prospective camper before arrival, the better able we will be to provide the best camping experience possible. Please include any additional information which you feel would be beneficial. Thank you for your help.

**Please Mark Date Preferred:** \_\_\_\_\_ June 4 - 9 for adults ages 23 and older  
\_\_\_\_\_ June 11 - 16 for ages 9 - 22 (campers will be grouped according to age).  
\_\_\_\_\_ June 18 - 23, for adults ages 23 and older  
\* (Exceptions are made to keep campers and their friends together).

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male / Female  
First Name Last Name

Preferred Name on Name Tag (if different than listed above): \_\_\_\_\_ Age at Time of Camp \_\_\_\_\_

Parents / Guardians Full Names: \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_  
Work # (\_\_\_\_) \_\_\_\_\_

Address for sending all camp info.. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address (primary contact): \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Emergency Contacts: If above listed parent/guardian is not available in an emergency.

Emergency Contact Name (in case primary can not be reached): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Work or Cell # (\_\_\_\_) \_\_\_\_\_

Circle T-Shirt Size: **Child S, M, L** or **Adult S, M, L, XL, 2X, 3X** (Please don't make me have to guess)!!

### GENERAL MEDICAL INFORMATION

Medical Diagnosis: (please specify any physical or mental handicaps) \_\_\_\_\_

Mental Age / Ability: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Recovery Time: \_\_\_\_\_ Treatment: \_\_\_\_\_

Preexisting Medical Conditions (pressure sores, rashes, recent infections...) \_\_\_\_\_

Are there any Psychiatric Disorders: \_\_\_\_\_

*Please Check All Areas Of Need (Vision, Hearing, Walking, Toileting).*

- |  |  |
|--|--|
| <input type="checkbox"/> Wears Glasses                                   | <input type="checkbox"/> Independent in Toileting                |
| <input type="checkbox"/> Is Visually Impaired with or without glasses on | <input type="checkbox"/> Has Bowel and Bladder Control           |
| <input type="checkbox"/> Wears hearing Aides                             | <input type="checkbox"/> Wears Depends or diaper (day / night)   |
| <input type="checkbox"/> Walks Independently                             | <input type="checkbox"/> Wears ear plugs in pool and / or shower |
| <input type="checkbox"/> Needs transfer, stand by or assistance          |  |

Please Describe Needs \_\_\_\_\_

Special Camps, 26W684 Lindsey Ave, Winfield, IL 60190 Phone (630) 690-0944

A 501(c)(3) charitable corporation. Endorsed by the Knights of Columbus.

web site @ [specialcamps.org](http://specialcamps.org)

# Special Camps for Special Citizens Waiver & Release

## Important Information

Special Camps for Special Citizens (Special Camps) is committed to conducting its camp programs and activities in a safe manner and holds the safety of participants in high regard. Special Camps continually strives to reduce such risks, and insists that all participants follow safety rules and instructions that are designed to protect the participants safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in horseback riding or any recreational activities.

You are solely responsible for determining if your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

## Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in horseback riding or any recreational activity. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for Special Camps to guarantee absolute safety.

## Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program (including transportation services).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child / ward may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to my child/ward) as a result of participating in this program.

I do hereby fully release and forever discharge Special Camps from any and all claims for injuries, damages, or loss that my minor child / ward may have or which may accrue to my minor child/ward and arising out of, connected with, or in any way associated with this program.

In the event of an emergency, I understand and authorize Special Camps staff and directors to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for immediate care for minor child/ward and agree that I will be responsible for payment of any and all medical services rendered.

I understand that I or my minor child/ ward may be photographed or videotaped while participating in this program. I give permission for photos and/or videotape of my minor child/ward to be used to promote Special Camps and such photos and video will be the property of Special Camps.

I hereby authorize and permit SPECIAL CAMPS and its director to contact CAMPER'S work or school, classroom teachers or supervisor or care givers in order to provide and receive information to more effectively serve his/her needs while participating in Special Camps.

## YOU MUST SIGN AND DATE THIS FORM FOR YOUR REGISTRATION TO BE PROCESSED

I have read and fully understand the information on this form, warning of risk, assumption of risk and waiver and release of all claims.

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Printed Name of Participant

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Signature of parent or legal guardian

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Date

**EATING****Watch for Overeating [ ]****FOOD ALLERGIES****LIMIT INTAKE OF THESE FOODS**

Special diet \_\_\_\_\_

Assistance needed: No help \_\_\_\_\_ Some help \_\_\_\_\_ All help \_\_\_\_\_ Serve \_\_\_\_\_ Cut \_\_\_\_\_

**BEHAVIOR****Please Note:** Failure to accurately describe behavior problem/information may cause improper placement with appropriate counselor/staff and may be subject to early dismissal from program.

Does applicant have any behavior problems (Biting, kicking, hitting, running off, tantrums, etc.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe and list management techniques, if any, and frequency of behavior. \_\_\_\_\_

**Activities:** Please list any special interests or activities enjoyed at home, school or work: \_\_\_\_\_Has your child ever participated in **horseback riding** activities? If so, please describe level of comfort or experience: \_\_\_\_\_**Transportation**

Due to COVID, there will be no bus. All campers must be dropped off / picked up at the campground. Approx. times will be Sunday late afternoon - Friday late morning or early afternoon. All staff / volunteers will go home shortly afterward. Due to COVID, family will remain in their car. You will have opportunity to meet the camp counselor, staff and nurse before leaving.

**Please Complete Only If You Are NEW To Special Camps**

School or Work program camper attends: \_\_\_\_\_ Town: \_\_\_\_\_

Teacher/Boss \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Has applicant ever been away from home without family? \_\_\_\_\_ Is homesickness anticipated? \_\_\_\_\_

Has applicant ever attended a residential (overnight) camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how often in the past 5 years? \_\_\_\_\_

How did you find out about Special Camps? \_\_\_\_\_

**Camp Fee:** If for any reason we are unable to accept your child or if your child or someone in your family becomes ill, we will return your money. Please let us know by May 10<sup>th</sup> (if possible), so that we may invite someone from the waiting list to take your child's place. SCHOLARSHIPS ARE AVAILABLE for those in need. Please contact Colleen for more information.

**PLEASE MAIL COMPLETED APPLICATION, HEALTH FORM, WHITE PINES FORMS AND FEE TO:**

SPECIAL CAMPS, 26W684 LINDSEY AVENUE, WINFIELD, IL 60190

\_\_\_\_\_ **\$350 CAMP FEE** (Please consider a donation of additional \$300 to cover the actual cost of attendance, if possible). **DO NOT MAIL CASH.**

If it's financially easier for your family, please pay ½ now and ½ two weeks before camp.

\_\_\_\_\_ **CAMP HEALTH FORM SIGNED by DOCTOR**, or a copy of your group home's Physician's Order.



# Cabin Parent Questionnaire

**Camper's Name:** \_\_\_\_\_

This camp parent questionnaire will be given directly to the cabin parents, (the adult staff who reside within your son /daughter's cabin). Please assist them in making your campers stay more comfortable.

Check any boxes that may be helpful for your camper.

- [ ] needs a night light                      [ ] wakes during the night to use bathroom
- [ ] may wander away from cabin at night
- [ ] wears pajamas, helmet, braces, other at bedtime: \_\_\_\_\_
- [ ] My child/ adult can sleep on a top bunk bed (no bedrails are available).

**\*Please note, camper should be capable of sleeping at night in a large dorm with others, without disturbing others.**

## PERSONAL HYGIENE AND DRESSING

Showering	total assist ____	some assist ____	just supervise ____	no help ____
Washing face and hands	total assist ____	some assist ____	just supervise ____	no help ____
Brushing teeth	total assist ____	some assist ____	just supervise ____	no help ____
Dressing	total assist ____	some assist ____	just supervise ____	no help ____
Undressing	total assist ____	some assist ____	just supervise ____	no help ____
Menstrual care	total assist ____	some assist ____	just supervise ____	no help ____

Special instructions: \_\_\_\_\_

1. In the summer, my child / adult usually sleeps from \_\_\_\_ to \_\_\_\_ Naps? (yes / no)
2. Usual bedtime routine includes (i.e. reading a book, special snack)...  
\_\_\_\_\_
3. He / She responds well to \_\_\_\_\_ for encouraging good behavior  
and \_\_\_\_\_ for poor behavior.
4. Any additional suggestions for bathing, dressing, sleeping, eating, behavior? \_\_\_\_\_  
\_\_\_\_\_
5. In the event of homesickness, questions or misbehavior who should be contacted?  
Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_
6. Any fears that we should be aware of, (the dark, dogs, storms) \_\_\_\_\_  
\_\_\_\_\_

Does your child have a friend attending that he/she would like to share a camp counselor with or bunk next to? If yes, please list their names in order of preference below. Partners are not guaranteed unless both campers list one another as their first choice.

Friend's Names: \_\_\_\_\_

Any other friends or family members attending camp? \_\_\_\_\_

# Special Camp's Health Form

phone: (630) 690-0944 / email: colleen.scamps@icloud.com

Name: \_\_\_\_\_ Parent / Emergency Contact Names: \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Cell: \_\_\_\_\_ Phone #2: \_\_\_\_\_

## **Please Check Any Medications The Camper May Take While At Camp.**

☐ Tylenol ☐ Ibuprofen/Advil ☐ Pepto Bismol ☐ Miralax ☐ Imodium ☐ Neosporin  
☐ Hydrocortisone ☐ Melatonin ☐ Cough Drops / Tums ☐ ANY OF ABOVE

Please list All Allergies: including all food, drug, plants, animals: \_\_\_\_\_

**Your camp nurse will have this form with her at all times.** Most medications will be distributed during meals. Meds given at other times, may make them miss an activity session. **Please list medications, dosages and time of day** on this sheet. Please call the camp office if any medications change prior to camp.

☐ Give medication with food / drink: \_\_\_\_\_ ☐ Give medication special way: \_\_\_\_\_

☐ Special Diet: \_\_\_\_\_

☐ It would be nice to know what you do at home if Constipation occurs \_\_\_\_\_

### **Breakfast Medications: (7 - 8 a.m.)**

Please indicate Medications & Dosage

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PLEASE LEAVE

THIS SPACE

BLANK

THANK YOU.

### **Lunch Medications (12 - 1 p.m.)**

Please indicate Medications & Dosage

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### **Dinner Time Medications (5 - 6 p.m.)**

Please indicate Medications & Dosage

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### **Bedtime Medications (8 - 9 pm)**

Please indicate Medications and Dosage

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Any Treatments to be continued at camp \_\_\_\_\_

Activities to be encourage or limited \_\_\_\_\_

To the best of my knowledge the patient ☐ does ☐ does not have any communicable diseases.

To the best of my knowledge the patient's immunizations are up to date ☐ yes ☐ no.

Licensed Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (Neatly print or stamped) \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**WEEKEND EMERGENCY INFORMATION AND LIABILITY RELEASE**

LITTLE SISTERS INCORPORATED DBA

WHITE PINES RANCH, 3581 Pines Rd., Oregon, IL 61061

Phone: 815-732-7923 Fax: 815-732-7924 [www.whitepinesranch.com](http://www.whitepinesranch.com)

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Have you been to the ranch before? YES \_\_\_\_\_ NO \_\_\_\_\_

Program Dates \_\_\_\_\_ to \_\_\_\_\_ Troop number or Group Name Special Camps

In case of an emergency please contact:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medication Participant is taking: \_\_\_\_\_

Any known allergies or disabilities? \_\_\_\_\_

Are the participant's immunizations current ☐ Yes ☐ No Date of last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Accident/Medical Insurance Company Name \_\_\_\_\_

Group Number and/or Identification Number \_\_\_\_\_

(We recommend that you obtain a personal accident insurance policy if you do not already have one)

***Activities that you would rather your child not participate in:*****ASSUMPTION OF RISK, FULL RELEASE AND INDEMNITY**

We are cognizant of the inherent dangers of participating in this program. In consideration for allowing the rancher to participate in activities and use ranch facilities, we assume all risk, agree that no claim will be made against and do fully release Little Sisters, Incorporated, it's officers, owners, employees and agents (the Program) for injury, death, damages or any loss whatsoever incurred.

We hold harmless all Program providers from all claims by family, our legal representatives and us. We assure you the rancher is in good condition and has no impairment preventing safe participation in the Program. We indemnify the Program from any loss it may incur because of our participation. We know this is a legal agreement and will be broadly interpreted releasing all joint tortfeasors.

I hereby give permission for X-rays, suturing of lacerations and other treatment deemed necessary by the attending physician in the Emergency Room.

We give permission to allow photographs or video footage of our child taken at camp to be used in White Pines Ranch's promotional materials. We also give permission to use email information to advertise future ranch activities.

**I HAVE THE LEGAL AUTHORITY TO SIGN ON BEHALF OF THE RANCHER AND FAMILY. I HAVE READ THIS CAREFULLY AND UNDERSTAND IT. I KNOW THIS IS AS FULL AND COMPLETE A RELEASE AS IS POSSIBLE AND I HAVE SIGNED IT VOLUNTARILY.**

\_\_\_\_\_  
(PARENT)\_\_\_\_\_  
(GUARDIAN)

Facsimile or digital signatures shall be sufficient for execution of this document.

The person transmitting the document by facsimile or electronic mail must retain the original to be produced upon request.

# HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM

FOR INDIVIDUALS

This form must be completed by and for each participant

Little Sisters, Incorporated DBA White Pines Ranch

(STABLE NAME, hereinafter known as "THIS STABLE")

3581 W. Pines Road, Oregon, Illinois 61061

Phone: 815-732-7923 Fax: 815-732-7924

**PLEASE READ CAREFULLY BEFORE SIGNING**

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

- A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE – In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to hire from THIS STABLE a horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates:

RIDER NAME \_\_\_\_\_ AGE (if under 21) \_\_\_\_\_

WEIGHT OVER 240# \_\_\_\_\_ YES \_\_\_\_\_ NO HORSE RIDING EXPERIENCE \_\_\_\_\_ UNDER 10 HRS \_\_\_\_\_ OVER 10 HOURS

Does this rider have physical and/or mental health conditions, problems, and or disabilities which may affect his/her safety and ability to ride a horse? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please explain:

## BOTH PARENT AND CHILD MUST INITIAL EACH PARAGRAPH

- B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS – This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estates, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground or mounted. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The term "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "ME", "MY" shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

- C. ACTIVITY RISK CLASSIFICATION – I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64<sup>th</sup> among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. I/WE further understand that applicant may be participating in a "WILDERNESS EXPERIENCE" and that the meaning of this term is defined as follows: **THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST and/or HILLS and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE, BUT NOT LIMITED TO, MAMMELS, REPTILES, AND INSECTS, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL.**

- D. NATURE OF STABLE HORSES – I UNDERSTAND THAT: THIS STABLE chooses its rental horses for calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and THIS STABLE follows a rigid risk reduction program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 – 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3.5 to 5.5 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of it's own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.



**PLEASE READ CAREFULLY BEFORE SIGNING**

**BOTH PARENT AND CHILD MUST INITIAL EACH PARAGRAPH**

- E. **RIDERS RESPONSIBILITY** – I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety, and that of an unborn child if the rider is pregnant. THIS STABLE advises pregnant women not to ride horses, unless permission is given under advice of her physician.
- |        |       |
|--------|-------|
| Parent | Rider |
|--------|-------|
- F. **CONDITIONS OF NATURE** – I UNDERSTAND THAT: THIS STABLE IS **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lightning, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.
- |        |       |
|--------|-------|
| Parent | Rider |
|--------|-------|
- G. **CARRY-ON OBJECTS AND SHARP NOISES** – I UNDERSTAND THAT: Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. **SOME EXAMPLES ARE:** Cameras, hats not securely fastened under chin, toys, purses. **Riders must not make sharp, loud noises, such as screaming or yelling, which may scare a horse. CELL PHONES ARE NOT ALLOWED AROUND HORSES.**
- |        |       |
|--------|-------|
| Parent | Rider |
|--------|-------|
- H. **SADDLE GIRTHS-NATURAL LOOSENING** – I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.
- |        |       |
|--------|-------|
| Parent | Rider |
|--------|-------|
- I. **ACCIDENT/MEDICAL INSURANCE** – I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such incurred expenses.
- |        |       |
|--------|-------|
| Parent | Rider |
|--------|-------|
- My accident/medical insurance company is \_\_\_\_\_  
My policy/group number is \_\_\_\_\_
- J. **PROTECTIVE HEADGEAR OFFERING:** I, for myself and on behalf of my child and/or legal ward, will be offered a SEI CERTIFIED Equestrian Helmet by THIS STABLE and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider's head, and that once provided the rider will be responsible for securing the helmet on his/her head at all times.
- |        |       |
|--------|-------|
| Parent | Rider |
|--------|-------|
- ALL WHITE PINES RANCH GUESTS MUST WEAR HELMETS – NO EXCEPTIONS!**
- K. **LIABILITY RELEASE** – I AGREE THAT: in consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the rider, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, Insurers, and others acting on its behalf (hereinafter, collectively referred to as "ASSOCIATES"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES ordinary negligence; and I do further agree that except in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling or other wise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE.
- |        |       |
|--------|-------|
| Parent | Rider |
|--------|-------|

All Riders and parents or Legal Guardians must sign below after reading this entire document.

**SIGNER STATEMENT OF AWARENESS**

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE, AND AGE ARE TRUE AND ACCURATE

SIGNATURE OF RIDER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT AND/OR LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS IN FULL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

Facsimile or digital signatures shall be sufficient for execution of this document.  
The person transmitting the document by facsimile or electronic mail must retain the original to be produced upon request.