

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

PLEASE LEAVE

THIS SPACE

BLANK.

THANK YOU.

Lunch Medications (12 - 1 p.m.)

Please indicate Medications & Dosage

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

Please indicate Medications & Dosage

Bedtime Medications (8 - 9 pm)

Please indicate Medications and Dosage

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() _____

You must have your own health + accident insurance in place at the time of camp.

Waiver & Release

Special Camps for Special Citizens

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 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 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 you 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 may have 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 I may have or which may accrue 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 and agree that I will be responsible for payment of any and all medical services rendered.

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.

Printed Name of Participant

Signature of Participant

Date

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

Name _____ Age _____ Birth Date ____/____/____ Boy _____ Girl _____

Address _____ City _____ State _____ Zip _____

Phone #'s: Home _____ Cell _____ Work _____

Email _____ I 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# <input type="checkbox"/> YES <input type="checkbox"/> NO	HORSE RIDING EXPERIENCE <input type="checkbox"/> UNDER 10 HRS <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 in which 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.

Parent initials	Rider's initials
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- 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 64th 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.**

Parent initials	Rider's initials
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- 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.

Parent initials	Rider's initials
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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
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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
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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
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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
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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
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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
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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**, it’s 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
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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.