



2019 Camp Lions

FREE Youth Camp for Blind and Deaf Ages 7-17 Years Old

ELIGIBLE YOUTH ATTEND CAMP LIONS for FREE

Eligible Campers must be between the ages of **7-17 years old**, and must have either a vision loss of 20/70 after best correction and/or a hearing loss which requires daily use of communication alternatives such as sign language or lip reading and or use of a hearing aid, cochlear implant, or similar auditory device. Campers must be able to do all personal care and hygiene. Counselors do not provide one to one care. Campers should also be independently ambulatory to maneuver the campgrounds & able to understand & follow Counselor directions in all camp activities.

A \$15 deposit is required for group photo and camper personal spending money

2019 Camp Lions Camps

6-23-2019 to 6-29-2019 Youth Camp Hearing/Vision Week:

Camp Reynolds, 621 Reynoldswood Rd. **Dixon, IL**

Check in **Sunday June 23**, 2pm-4pm

Check-Out **Saturday June 29**, 9am-11am

6-30-2019 to 7-6-2019 High Adventure Camp for Students 13-17/Adults 18-24

1327 Camp Cedar Point Ln **Cedar Point Makanda, IL**

Check in **Sunday June 30**, 2pm-4pm

Check out **Saturday July 6**, 9am-11am

7-14-2019 to 7-20-2019 Youth Camp Hearing Week:

East Bay 24248 Ron Smith Memorial Highway **Hudson, IL**

Check in **Sunday July 14**, 2pm-4pm

Check out **Saturday July 20**, 9am-11am

7-21-2019 to 7-27-2019 Youth Camp Vision Week:

East Bay 24248 Ron Smith Memorial Highway **Hudson, IL**

Check in **Sunday July 21**, 2pm-4pm

Check out **Saturday July 27**, 9am-11am

7-28-2019 to 8-3-2019 Youth Vision/Hearing Week:

Camp Manitowa 12770 N. Benton Road **Benson, IL**

Check in **Sunday July 28**, 2pm-4pm

Check out **Saturday August 3**, 9am-11am

Lions of Illinois Foundation

2254 Oakland Drive Sycamore IL, 60178

PH: 815-756-5633 Fax: 815748-9087

camplions@lifnd.org

www.lionsofillinoisfoundation.org



2019 Youth Camper Application

(For children 7-17 Years of Age)

Lions of Illinois Foundation

2254 Oakland Drive Sycamore, Illinois 60178

815-756-5633 – Fax: 815-748-9087

camplions@lifnd.org

T-Shirt Sizes Please Circle One

Youth Sizes

S M L XL

Adult Sizes

S M L XL 2XL

Please **PRINT** – All information must be received for application to be approved. Incomplete/illegible forms may be returned. **Deadline to submit May 1st, 2019 to guarantee your FREE T-SHIRT.**

All applications are subject to approval

Youth Camp Lions Schedule Please X one camp you wish to attend

- 6-23-2019 to 6-29-2019 **Hearing/Vision Week Camp Reynolds, Dixon, IL**
- 6-30-2019 to 7-6-2019 **High Adventure Camp** for Students 13-17/Adults 18-24 Camp Cedar Point, IL
- 7-14-2019 to 7-20-2019 **Hearing Week East Bay, Hudson, IL**
- 7-21-2019 to 7-27-2019 **Youth Camp Vision Week East Bay, Hudson, IL**
- 7-28-2019 to 8-3-2019 **Youth Vision/Hearing Week Camp Manitowa, Benson, IL**

All completed applications received will be reviewed for eligibility.

Only completed camper applications will be assigned to a camp after review.

All approved campers will receive an e-mail approval letter.

Parents/Legal Guardian please complete ALL registration forms and use check list below to confirm all information has been filled out and included in your e-mail/fax or mailing.

CHECKLIST

CAMPER INFORMATION	INSURANCE INFORMATION INCLUDING COPY OF INSURANCE CARD	
PARENT/LEGAL GUARDIAN INFORMATION	PHYSICAL EXAM WITH PHYSICIANS STATEMENT AND SIGNATURE	
INCLUDE CURRENT E-MAILS		
EMERGENCY CONTACT INFORMATION	CONSENT FORM FOR CAMPER TO PARTICIPATE -INITIAL ALL BOXES	
"Pick Up" PERMISSONS FOR CAMPER	CODE OF CONDUCT SIGNED BY PARENT/GUARDIAN AND CAMPER	
GENERAL HEALTH INFORMATION-MEDICAL INFORMATION	\$15 Camper Deposit	
SELF HELP SKILLS	T-Shirt Size – located on the top of this page Completed Registration must be received by May 1st to Guarantee a FREE T-Shirt	
EQUIPMENT CARE	TIMBER POINTE RELEASE FORM (East Bay Campers Only)	
ACTIVITIES INFORMATION		

Campers will be placed on a waiting list if camps sessions are filled. Camper may choose alternate camp session if available. Parent/Guardian will be notified by e-mail if camp session desired has been filled.

FAX FORM



All Registration Forms must be complete, including \$15 Check or Money order, and received no later than **MAY 1st 2019 to guarantee your **FREE T-SHIRT** Final Deadline is June 1st 2019**

To:	Camp Lions Youth Camp	From:	
Fax:	815-748-9087	Pages:	
Phone:		Date	
Re:		E-mail	

Comments: _____

Camp Lions Youth Camp Registration Form 2019

Camper Information

Last Name: _____ First Name: _____
Nickname: _____ Date of Camp: _____ T-Shirt Size _____
Home Phone # :(____) _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Age at start of Camp: _____ Date of Birth: ____/____/____ Gender: Male___ Female___
Has child been to Lions Camp before? Yes / No When _____
Camper's Primary Disability: _____

Parent/Legal Guardian Information
Please include a current email address communication will be sent through your e-mail address

Mother/Legal Guardian: _____
Address: _____
City/State/Zip: _____ Home Phone: _____
Email: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Father/Legal Guardian: _____
Address: _____
City/State/Zip _____ Home Phone: _____
Email: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Emergency Contact Information
Must be an adult 18 or older, will be called only if parent(s)/Guardian(s) cannot be reached.

Name: _____ Relationship _____
Home Phone #: _____ Cell Phone # _____
Address: _____ City/State/Zip _____

PICK-UP PERMISSIONS(S): Only the person(s) listed below will be allowed pick-up my child from Camp Lions after presenting a valid driver's license for identification:

Signature of Parent or Guardian: _____ Date signed: _____

1. Parent(s) Name: _____ Phone Number: _____

2. Alternate Driver Name: _____ Phone Number: _____

Camper General Health Information

To be completed by camper's parent and/or Guardian only.

Submit both camper's general health information and physician's exam form or application will be denied.

Family Doctor: _____ Phone (____) _____

Address: _____ City/State/Zip _____

List all current prescriptions to be taken at Camp Lions:

All prescription medication must be in original bottle with dosage & prescribing physicians name clearly written.

NO medicine will be allowed to be taken by campers without doctor orders:

Medication	Dosage	Time Given	Reason for use

** If more space is needed please attach a separate sheet.

For safety, all medications to be taken while at Camp will be supervised by camp health staff and/or camp Nurse.

May Tylenol or Advil be administered if needed? Check one: Yes _____ No _____

Please check choice: Tylenol _____ Advil _____ Type: Liquid _____ Tablet _____

Has camper ever had a seizure: Yes _____ No _____ Severity /Type _____?

Approximate date of last seizure: ____/____/____ what causes seizure? _____

Describe camper's behavior before and after seizure: _____

Is Camper currently receiving care for / have a diagnosis of any of the following: (please ✓ everything applicable).

_____ None Applicable

Deaf/Hard of Hearing	Visual Impairment	Frequent Ear Infections	
Down Syndrome	ADD/ADHD/LD	Asthma	
Autistic behaviors	Learning Disorder	Allergy that requires Epi-pen	
Cerebral Palsy	Chronic Communicable Disease (please specify)	Allergy to horses	
Multiple Sclerosis (MS)	HIV/AIDS	Allergy to Penicillin	
Seizure Disorder	Hepatitis	Chemical Sensitivities	
Mental Health Condition (please specify)	Hemophilia Clotting Issues	Insect bite allergy	
Depression	Heart Condition	Allergy to poison Ivy	
Psychiatric Treatment	Hypertension	Food Allergies (please specify)	

Has camper ever had any of the following (please ✓ everything applicable).

_____ None Applicable

Measles	Polio	Chicken Pox	
Mumps	TB	Hepatitis	

Camper General Health Information (continued...)

Other Health Conditions: (please specify): _____

Please provide additional information on any condition as indicated: _____

Blind/Partially Sighted Campers Only – please complete ENTIRE section **Not Applicable** _____

Degree of Vision loss: **Blind** _____ **Partially sighted:** _____

BEFORE CORRECTION: Visual Acuity in right eye 20/ _____ left eye 20/ _____

AFTER CORRECTION: Visual Acuity in right eye 20/ _____ left eye 20/ _____

Needs Personal Guide: Yes _____ No _____

Wears Glasses: Yes _____ No _____

Uses Cane: Yes _____ No _____

Uses Guide Dog: Yes _____ No _____

Deaf/Hard of Hearing Campers Only – please complete the ENTIRE section **Not Applicable** _____

Degree of Hearing Loss: **Deaf** _____ **Hard of Hearing** _____

Unaided Right Ear: Mild _____ Moderate/Severe _____ Severe/Profound _____

Aided Right Ear: Mild _____ Moderate/Severe _____ Severe/Profound _____

Unaided Left Ear: Mild _____ Moderate/Severe _____ Severe/Profound _____

Aided Left Ear: Mild _____ Moderate/Severe _____ Severe/Profound _____

What type of aid does camper wear:

Body _____ **In the Ear** _____ **Behind the Ear** _____ **Cochlear Implant** _____ **None** _____

Which ear / ears is the cochlear worn in? Left _____ Right _____ Both _____

Which ear / ears is the hearing aid worn in? Left _____ Right _____ Both _____

Communication skills:

Talks well _____ **Finger spells** _____ **lip reads** _____ **Sign Language** _____ **Other** _____

Self Help Skills

Can camper do these skills independently (please ✓ which applies):

Dress _____ Eat _____ Wash hands _____ Shower/bath _____ Toilet _____

Mobility of camper:

Walk Unassisted Yes _____ No _____

Walk on uneven ground independently Yes _____ No _____

Does camper independently use: Walker _____ Crutches _____ Wheelchair _____ Other _____ N/A _____

Equipment Care

Equipment Care: Does camper know how to care for his/her hearing or visual equipment? Yes _____ No _____

If not, what care is needed: _____

Can Camper independently put on braces and prosthetics if used? Yes _____ No _____ N/A _____

Activities

Can Camper Hike? Yes _____ No _____
Can Camper swim? Yes _____ No _____ *How well? _____
Need instruction with swimming? Yes _____ No _____
Any canoeing experience? Yes _____ No _____
May camper horseback Ride? Yes _____ No _____
What are the camper sleep habits? Wakes easily ___ Cries ___ Talks ___ Bed wets ___ Afraid of dark ___
Has camper had any serious illnesses, operations or injuries that might hinder his/her activities?
Has camper had any serious illnesses, operations or injuries that might hinder his/her activities? Yes ___ No ___

If yes, list restrictions: _____

List any activity camper may not participate in: _____

Insurance Information

Insurance Coverage:

All campers must show proof of Insurance prior to approval.

Insured card holder's name: _____

Name of Carrier: _____

Policy/Group # _____

State Medical Card # _____

Federal Medical Card # _____

*****Please attach copy of current Insurance card*****

Camp Lions of Illinois Physical Exam and Physicians Statement

Entire form to be completed by examining physician. (No substitute forms accepted.) Must attach to application when submitted.

Exam information must be within one year of Camp dates Camper will be attending. (Ex: Camper attending camp August 3rd 2019, camper's physical will be valid from August 3rd 2018 through August 3rd 2019)

Doctor, please print clearly and answer all questions.

Camper's Name: _____ Date of Exam: _____

What is camper's primary disability? _____

Is camper under physicians care for any other condition(s)? Y___ N___

If yes, please list condition(s) _____

Current Treatment(s) _____

Is camper: Deaf___ Hard of Hearing___ Blind___ Partially sighted___

Does Camper wear a hearing aid/implant? Y___ N___

If yes, which ear(s)? L___ R___ Both ears___

Does camper have any of the following conditions? Mark all applicable None Applicable_____

Cerebral Palsy Y___ N___ Epilepsy Y___ N___ Muscular Dystrophy Y___ N___ HIV/Aids Y___ N___

Behavior Disorders Y___ N___ Cognitive Disorders Y___ N___ ADD/ADHD Y___ N___ Hemophilia Y___ N___

Does the camper have Diabetes? Y___ N___ Range_____

On Insulin? Y___ N___ Type: Oral___ Injection___ Can camper self-inject medication if needed Y___ N___

Does camper have Hepatitis? Y___ N___ Type:_____

Does the camper have Asthma? Y___ N___ Uses an Inhaler? Y___ N___ What Type?_____

Should inhaler remain with camper? Y___ N___ Should inhaler remain in nurse's office? Y___ N___

Does the camper wear false teeth? Y___ N___ Does the camper use prosthesis or brace? Y___ N___

Any medically prescribed meal plan or diet restrictions? _____

Any allergies (food, drugs, plants insects, etc.)? _____

Treatment needed to counteract _____

Any activities camper cannot participate in? _____

Immunizations – Mandatory by state guidelines:

Attach current immunization record with the date (month and year) of basic immunization and any recent boosters. Tetanus shot/booster for camper must have been administered within the last 10 (ten) years.

Date administered _____ .

Physicians Statement:

Doctor, please complete in full or application for Camp Lions will be denied.

I have examined the above Camp Lions applicant. In my opinion, the examined applicant is _____ or is not _____ medically fit to participate in a rustic camp program.

Examining physician's Name: _____

Address: _____ City: _____ State _____ Zip _____

Daytime Phone # _____ Emergency Phone _____

Examining Physicians' signature: _____ Date: _____



Camp Lions – Rules and Code of Conduct

Parents: Please read with your camper. Both Parent and Camper signatures are required.

Campers Name: _____ **Parent/Guardian Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

It is our commitment to provide a wonderful camping experience for all campers. To assist us in offering a memorable experience we possibly can, please review our camper code of conduct (see below). We want to create a safe and nurturing environment for everyone!

Guiding Principles

- To ensure that the rights of all individuals are protected while attending the camp.
- To establish the safest and best possible learning environment for all camp participants.
- To ensure that breaches of the rules and code of conduct are treated in a fair and consistent manner.

Expectations

- All parents and campers have the responsibility to treat one another, staff and property with respect.
- All parents and campers have the responsibility to act and behave in a way which does not endanger, intimidate or interfere with the participation of others.
- Campers have the responsibility to follow the instructions given by camp staff
- All parents and campers have the responsibility to behave according to this code of conduct.

Rules – the following forms of behavior are considered a violation of this document and are unacceptable and could result in the immediate dismissal of camper(s):

- **No cell phones or any other electronic devices (accept medically necessary-with a physician’s note).**
- Using language which is obscene, offensive, sexist or racist
- Fighting, bullying or any other forms of aggressive behavior
- Use of Alcohol or illegal substances
- Bringing weapons (including pocket knives)
- Leaving camp boundaries without permission
- Behaving in a manner which is potentially dangerous to self and others.
- Behaving in a manner which damages or vandalizes the property of others or Camp Lions.
- Stealing
- Borrowing other people’s possessions without their consent.

Any breach of the Rules or the Codes of Conduct will initiate a disciplinary actions. Camp Lions reserves the right to suspend or dismiss a camper’s participation in camp activities, without refund, if such disciplinary actions is required. Before a decision is fully made, the camper and parent/guardian will meet with camp coordinator to determine the best course of actions.

Agreement:

I have read and agree to adhere to the above Rules and Camper Code of Conduct of Camp Lions. My youth and I fully understand the Rules and Code of Conduct as detailed above and I agree to him/her receiving appropriate disciplinary action should he/she breach them: Both Parent/Guardian and Camper will need to sign:

Parent/Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____

Parent/Guardian **CONSENT FOR CAMPER TO PARTICIPATE** in Camp Lions Program:

PLEASE read the following carefully before signing. This form must be completed and submitted with application.

The attached camper's health info is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted.

Parents must initial

CONSENT TO CAMP ACTIVITIES:

We hereby give our permission for our child to participate fully in the Camp Lions program. We understand that the program will include not only normal activities conducted on the campgrounds but also certain field trips and other activities outside of the campgrounds which will require transportation to and from off-campground locations. We also understand that if qualified camp counselors and supervisors deem it appropriate, our child may be offered an opportunity to engage in certain special activities posing special risks, such as horseback riding. We hereby give our permission for our child to participate in any and all such activities that are deemed appropriate by and supervised qualified camp personnel.

Parents must initial

CONSENT TO MEDICAL TREATMENT:

We fully understand that, even after reasonable precautions have been taken, Camp Lions has certain hazards for which neither the Foundation nor the staff and representative of Camp Manitowa, East Bay Camps, & JCYS Camp Henry Horner can be held responsible. We request that our child be held at the local hospital in case of illness or injury and that we be notified as soon as possible at a telephone number which we agree to supply. We hereby give our permission to the physician selected by the Camp Director, Site Manager or medical personnel to hospitalize and/or obtain appropriate medical care for our child in the event of a medical emergency or other circumstance likely to have an adverse effect upon our child's health, if we cannot be reached in such a situation. We agree to pay the usual charges for such emergency treatment of first aid. We desire notification as soon as possible, by telephone or other appropriate means, of any such emergency or other circumstance likely to have an adverse effect upon our child's health, including notification of any emergency treatment first aid administered. We desire the Camp Director to care for our child as if he or she was his/her own.

Parents must initial

AUTHORIZATION FOR TREATMENT:

I hereby give permission to the personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transport to a medical or health care facility, for my child. I hereby give permission to the physician selected by the Camp Directed to secure and administer treatment, including hospitalization, for my child as named above in case of emergency. The completed camp application forms may be photocopied for trips out of the camp.

Parents must initial

CONSENT TO TAKE AND USE OF PHOTOGRAPHS AND VIDEO – POSTING ON FACEBOOK

We hereby give our permission for photos and videos to be taken of our child during any Camp activity and for the publication or other use of such photographs and videos for Public Relations, Fund Raising, Facebook or any other purpose reasonably related to the operation or promotion of the camping program.

Parents must initial

INDEMNIFICATION AGREEMENT

We hereby agree to indemnify, defend and hold harmless the Lions of Illinois Foundation, Camp Manitowa, East Bay Camp, and JCYS Camp Henry Horner and their respective employees, agents, and representatives from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with our child's participation in the Camp Lions Program except for such liabilities, claims, or demands which result from an injury or loss caused solely by the negligent or otherwise wrongful act of omission of the Foundation, Camp Manitowa, East Bay Camp, JCYS Camp Henry Horner, or their respective employees, Agents, or representatives.

Signature of parent/guardian _____

Date _____



Participant Name:	Program:
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Participant and/or Parent/Guardian Consent and Release of Liability



PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING, and be aware that in participating in any program whether it be a program of Central Illinois Easter Seals, Timber Pointe Outdoor Center, a Contracted Partner Group, a Guest Rental Group, a Fund Raiser, the Teams Challenge Course, or the High Ropes Course, using or renting Timber Pointe Outdoor Center facilities and/or equipment, you will be waiving and releasing all claims for injuries, loss, or property damage that you (or your child) might sustain arising in any manner from programs, activities, events, and/or the use of the facilities or equipment. ***This section must be filled out and signed by each participant (or their parent/guardian) or they will not be allowed to participate or use the facilities or equipment at Timber Pointe Outdoor Center.***

Acknowledgement of Risk or Injury Clause—As a participant in the program or event, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I (or my child) may sustain as a result of participating in any and all activities connected with such programs, events, and/or the use of the facilities or equipment.

Waiver of Claim for Injury Clause—I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the programs, events, and/or using the facilities or equipment, against National Easter Seals Easter Seals, Central Illinois, Easter Seals Timber Pointe Outdoor Center, and their officers, agents, servants, employees, and affiliates.

Release from Liability Clause—I do hereby fully release and discharge National Easter Seals, Easter Seals Central Illinois, Easter Seals Timber Pointe Outdoor Center, and their officers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my child) on account of participation in the program, events, and/or use of the facilities or equipment.

Indemnity and Defense Clause—I further agree to indemnify and hold harmless and pay defense costs and defend National Easter Seals, Easter Seals Central Illinois, Easter Seals Timber Pointe Outdoor Center, and their officers, agents, servants, employees, and affiliates from any and all claims resulting from injuries, including death, damages, property damage, and/or loss sustained by me (or my child) and arising out of, connected with, or in any way associated with the activities of the program, event, or the use of the facilities or equipment.

Consent to Medically Treat —While participating at Easter Seals' Timber Pointe Outdoor Center; if an accident should occur requiring medical and/or surgical treatment, I authorize Easter Seals' Timber Pointe Outdoor Center Executive Director or the designated responsible person to select and empower the local EMS system, nurses, physicians and/or surgeons to administer medical care to me. I absolve Easter Seals Timber Pointe Outdoor Center staff, nurses, physicians and/or surgeons from any and all liability for their acts rendered in good faith.

Consent to Medically Treat Minor—The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by the Executive Director. Such permission shall include any and all medical treatment which is necessary or desirable in the absolute discretion of any such physician or hospital. **The undersigned recognizes the right of the Executive Director, in his/her absolute discretion, to terminate the undersigned's stay at any time due to disciplinary or medical actions which might jeopardize the camper's or others' health, safety, or well being at camp.** The undersigned further agrees to pick up the participant immediately upon being notified of such termination. If someone other than the undersigned is to pick up the applicant at the end of the camp session, such person must present written authorization from the undersigned.

<i>Signature of Participant</i>	<i>Emergency Contact Name and #</i>	<i>Date</i>
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MINOR CONSENT TO PARTICIPATE & TREAT: I hereby give my permission for the participant (named above) to attend the program or event for which he/she is registering for and in the event of an accident/illness, Timber Pointe Outdoor Center administration has my permission to secure emergency medical care as needed until I can be reached.

<i>Signature of Parent or Guardian of <u>Minor Participant</u> if participant is under the age of 18</i>	<i>Emergency Contact Name and #</i>	<i>Date</i>
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WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

WARNING Following is the Illinois Equine Activity Act 745 I.L.C.S. 47/1. **WARNING**

Under the Illinois Equine Activity Act, each participant who engages in an equine activity expressly assumes the risk of engaging in and is legal responsibility for injury, loss, or damage to person or property resulting in the risk of equine activities.

➔ **BEFORE SIGNING, PLEASE READ THIS ENTIRE DOCUMENT!!**

The undersigned individual for himself or herself, his or her spouse and/or his or her children, ward, or any other minor he/she is representing with consent of minor's Parent/Legal Guardian to legally act as guardian (hereinafter collectively and individually referred to as the "Undersigned"), releases and holds harmless TIMBER POINTE OUTDOOR CENTER and anyone associated with the Timber Pointe Outdoor Center including, but not limited to the Rockin' P Public Riding Ranch, Inc. and their (Timber Pointe Outdoor Center and Rockin' P Public Riding Ranch, Inc.) respective owners, officers, directors, agents, clients, volunteers, independent contractors and employees (hereinafter collectively and individually referred to as the "Released Parties"), from any liability, claim or suit that may result directly or indirectly, wholly or in part, from the Undersigned's participation, rental, use or misuse of any equipment, animals or services furnished by the Released Parties.

➔ (Initial) BY SIGNING THIS AGREEMENT, THE UNDERSIGNED ACKNOWLEDGES/ ACCEPTS ALL RISKS THAT INCLUDES BUT ARE NOT LIMITED TO THE FOLLOWING:

1. THE PROPENSITY OF ANY EQUINE, WHICH INCLUDES HORSES, PONIES, MULES, DONKEYS, OR HINNIES, TO BEHAVE IN WAYS THAT MAY RESULT IN INJURY OR HARM, OR DEATH TO THE PERSONS ON OR AROUND THEM INCLUDING THE UNDERSIGNED;
2. THE PROPENSITY OF AN EQUINE TO BE UNPREDICTABLE IN ITS REACTION TO SOUNDS, SUDDEN MOVEMENT, AND UNFAMILIAR OBJECTS, PERSONS INCLUDING THE UNDERSIGNED, OTHER ANIMALS, ETC.;
3. THE POSSIBILITY OF AN EQUINE TO ENCOUNTER THE HAZARDS OF SURFACE OR SUBSURFACE CONDITION THAT RESULT IN INJURY OR DEATH TO THE UNDERSIGNED*;
4. THE POSSIBILITY OF EQUINE COLLIDING WITH OTHER EQUINES OR OBJECTS THAT COULD RESULT IN INJURY TO THE UNDERSIGNED;
5. THE POTENTIAL OF THE UNDERSIGNED, OR AN OTHER PARTICIPANT TO ACT IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO INJURY TO THE UNDERSIGNED OR OTHERS, SUCH AS FAILING TO MAINTAIN CONTROL OVER THE EQUINE OR NOT ACTING WITHIN HIS/ HER ABILITY;
6. THE POSSIBILITY OF TACK FAILURE. TO THE BEST OF OUR KNOWLEDGE, TACK IS SOUND AND PROPERLY SECURED, HOWEVER, THERE IS A POTENTIAL OF FAILURE WHICH COULD RESULT IN FALLING FROM HORSES CAUSING SERIOUS INJURY AND/OR DEATH. THIS INCLUDES BUT IS NOT LIMITED TO THE POTENTIAL OF THE SADDLE GIRTHS LOOSENING DURING THE RIDE. NOTIFY A GUIDE OR SOMEONE IMMEDIATELY IF YOU FEEL TACK MAYBE INSECURE OR FAULTY;
7. THE POSSIBILITY, IF OTHER SERVICES ARE PROVIDED INCLUDING BUT NOT LIMITED TO A HAYRACK RIDE, LESSONS, CAMP ACTIVITIES THERE IS A RISK OF EQUIPMENT FAILURE, EQUIPMENT COLLISION, AND/OR HAZARDS OF SURFACE OR SUBSURFACE CONDITIONS THAT COULD RESULT IN INJURY OR DEATH TO THE UNDERSIGNED*;
8. THE NEED TO NOTIFY A GUIDE IF AT ANY TIME UNDERSIGNEDS FEELS THEY ARE IN DANGER, UNCOMFORTABLE, OR HAVE A QUESTION.

*Illustration: Unsatisfactory surface conditions caused by water, ice, snow, mud, or other substances that may effect footing; holes, ditches, culverts, fallen trees, branches, building materials, and debris that may or may not be apparent to Equines, Equipment or Participants; fence posts, gates, branches and other similar obstructions that may effect Equines, Equipment or Participant; subsurface conditions such as animal burrows that may cause the soil to provide inadequate support; any other surface or subsurface that may or may not be apparent to Equines or Participants and that may effect Equines, Equipment and Participants. This illustration and list of items is not exhaustive and is intended only to illustrate hazards of surface or subsurface.

➔ (Initial) INSURANCE - BY SIGNING BELOW YOU, THE UNDERSIGNED, AGREE (for self and/or Minor(s) for which you are Parent/Legal Guardian/ Authorized Adult) IF MEDICAL TREATMENT OF ANY TYPE OR KIND BE REQUIRED, THAT YOUR or MINOR(S)' PERSONAL INSURANCE COMPANY AND/OR PERSONAL FUNDS SHALL PAY FOR ALL SUCH INCURRED EXPENSES INCLUDING BUT NOT LIMITED TO SERVICES PROVIDED BY HOSPITAL, DOCTOR(S), AND CLINICS. THE RELEASED PARTIES WILL NOT BE HELD LIABLE FOR ANY CLAIMS OR SUITS OF ANY TYPE OR KIND.

➔ (Initial) BY SIGNING THIS WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT the Undersigned acknowledges that they have read and accepts this agreement. They and anyone associated with them, including but not limited to all of their heirs, do hereby voluntarily and forever releases, holds harmless and discharges the Released Parties from any and all claims, suits, actions, and/or liability of any type or kind (including but not limited to, damages for personal injury - hereinafter "personal injury" is understood to also include disabling injury that could alter life's activities and even death) that the Undersigned at any time may have or sustain as a result of participating in services provided, including but not limited to horse rental (i.e. Trail Ride), pony-on-a-lead, hayrack ride, day clinics, lessons, receiving instructions, receiving goods, or anything else connected with the Released Parties or other acts or omissions of any time or kind relating to the Released Parties. The Undersigned fully understands, acknowledges and agrees that there is a possibility of accidental or other physical injury when participating in services such as horse rental, pony leads, hayrack rides, day clinics, lessons etc. Nonetheless, the Undersigned further agrees to assume the risk of personal injury, and any and all other risk or any loss or injury of any type or kind whatsoever, including loss of use and any other indirect or consequential damages which the undersigned may suffer, resulting directly or indirectly, wholly or in part, from Released Parties services including but not limited to horse rental, pony-on-a-lead, and hayrack ride. Undersigned further agrees to indemnify and hold harmless the Released Parties from any and all loss, cost or expense suffered, and claims, demands, actions damages, and judgments of any nature asserted against the Released Parties as a result of the Undersigned's renting and/or participating in any services offered by the Released Parties.

➔ (Initial) I, the Undersigned, have signed this **WAIVER AND RELEASE OF LIABILITY AND IDEMNITY AGREEMENT** form freely and willingly, without any pressure of any kind from anyone. I fully understand all of the contents of this Agreement and acknowledge that I and Minor(s) I am signing for have received instructions on the proper use of equipment (including tack) and/or horses/animals(s)/equipment rented. If signing as an Adult Representative for Minor(s), I acknowledge that I have permission from Minor(s)' parent or legal guardian to act as their legal guardian and to sign this waiver of liability. I take full responsibility for said Minor(s). I acknowledge that parent and/or legal guardian has stated that they will abide by all stated restrictions and releases in this form including but not limited to the agreement that the Timber Pointe Outdoor Center and Rockin' P Ranch Inc. or anyone associated with them (Released Parties), will not be held liable for any type or kind of expenses, claims and/or suits. This agreement will remain in effect until one or both parties cancel.

➔ (Initial) COST AND FEES: In the event that Undersigned shall commence litigation in respect to this **WAIVER AND RELEASE OF LIABILITY AND IDEMNITY AGREEMENT** form, the Undersigned will be responsible for all cost and expenses, including attorney's fees incurred by BOTH parties as result.

➔ SIGNATURE: _____ DATE: ____/____/____
UNDERSIGNED- ADULT RENTER/PARTICIPANT MONTH DAY YEAR

ADDRESS: _____ PHONE: _____

FOR MINORS SIGN BELOW

NAME OF MINOR RENTER/PARTICIPANT FOR WHOM I AM LEGALLY RESPONSIBLE: _____

➔ SIGNATURE: _____ DATE: ____/____/____
UNDERSIGNED - PARENT/ LEGAL GUARDIAN/ADULT REPRESENTATIVE OF MINOR MONTH DAY YEAR