

**RETURN COMPLETED FORM BY MAY 21<sup>ST</sup>**

YMCA Camp Carson 2034 Outer Lake Rd., Princeton, IN 47670

**Horseback Riding Program**

**Camper Name:** \_\_\_\_\_

**Assumption of Risk and Responsibility and Release of Liability**

(Please Read Carefully)

**Camp Session(s) Date(s):** \_\_\_\_\_

Although precautions are taken to provide proper organization, instruction and equipment for your participation in our program, there can be no guarantee about absolute safety against injury and unforeseeable accidents. There are elements of risk in any adventure, sport or program involving physical exertion and risk taking or association with the outdoors (referred to herein as "activity") or in the use of any equipment for the activity. I understand that I may be involved in activities including, but not limited to: problem solving, teambuilding initiatives, ropes course, climbing, horse riding and/or other physical activities. I acknowledge that I may decline to participate in any activity. Any participation will be voluntary.

**ACKNOWLEDGEMENT OF RISKS**

I recognize the fact that there is an inherent danger in any activity that involves physical exertion or risk taking; that natural hazards do exist; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable or unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination may effect the occurrence of accidents or falls; and that I should ask about the other potential hazards and recommended precautions and procedures.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY**

In recognition of the inherent risks of the activity which I and/or any minor children for which I am responsible will engage in, I confirm that I am/we are physically and mentally capable for participation in the activity and/or using equipment. I/We participate willingly and voluntarily and I/we assume all responsibility for personal injury, accidents, illness or death. I/We also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I/We assume the risk of personal injury, accident and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydrations; oxygen shortage (anoxia); head, neck and/or spinal injuries; animal insect bite or attack; discharge of any weapon; shock, paralysis or death; and acknowledge during the activity that if I/we experience fatigue, chills and/or dizziness it may diminish my/our reaction time and increase the risk of accident.

**COVENANT OF GOOD FAITH**

I recognize that you as provider of services will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate any activity due to forces of nature, medical necessities or other problems and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with the respect to achieving the objectives.

**AUTHORIZATION**

I hereby authorize any medical treatment deemed necessary in the event of injury while participating in the activity. I will have appropriate insurance or in its absence agree to pay all medical services as may be incurred on my/our behalf.

**RELEASE**

In consideration of services and property provided, either for myself or any minor child for which I am parent, legal guardian or otherwise responsible, any hires or personal representative do hereby release YMCA Camp Carson, its principals, directors, officers, agents, employees and volunteers and each and every landowner, municipal and/or governmental agency upon whose property an activity is conducted from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

Notice: Under Indiana law, 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.

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

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

**Medical Restrictions:** \_\_\_\_\_