

**SILVER STATE BAPTIST YOUTH CAMP  
PO BOX 181  
SEDALIA, CO 80135  
HORSE RIDE RELEASE FORM**

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ between The Silver States Baptist Youth Camp and (participant) \_\_\_\_\_, a resident of (city & state) \_\_\_\_\_.

I acknowledge that horseback riding, hiking, and other outdoor activities have inherent risk, hazards, and dangers for anyone, that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. The propensity of the animal to behave in ways that may result in injury, harm, disability, or death to persons on or around them;
2. The unpredictability of the animal's reaction to such things as sounds, sudden movement and unfamiliar objects, person, or other animals;
3. Certain hazards such as surface and sub-surface conditions;
4. Collision with other animals or objects;
5. The potential of the participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability, I may encounter variations in terrain that are my responsibility and I assume these risks including creeks, water bridges, traveled roads, wild things, stumps, forest growth, debris, rocks, and cliffs, and other obstacles whether they are obvious or not obvious, man-made or natural;
6. Hiking in rugged country;
7. Encounters with wildlife, animals, and insects;
8. Temperatures extremes;
9. Inclement weather conditions and the unavailability of immediate medical attention in the wilderness in case of injury;

I understand the risk, hazards and dangers described above and have had the opportunity to discuss them. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY USING THE SERVICES OF THE SILVER STATE BAPTIST YOUTH CAMP WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, DISABILITY, PARALYSIS, OR DEATH.

Lastly, I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS THE SILVER STATE BAPTIST YOUTH CAMP, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, disability, paralysis, or death to me or my property as a result of my engaging in these activities or the use of these services, animals, or equipment, whether such damage, loss, injury, paralysis, or death results from negligence of The Silver State Baptist Youth Camp or from some other cause. I, for myself, my heirs, successors, executors, and subrogees further agree not too sue The Silver State Baptist Youth Camp as a result of any injury, disability, paralysis, or death suffered in connection with my use and participation in the activities of The Silver State Baptist Youth Camp.

Camper Print Name	Date	Parent Print name	Date
Camper signature if over 18	Date	X Parent Signature	Date

**(PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION)**

# APPLICATION AND HEALTH RECORD

Silver State Baptist Youth Camp • P.O. Box 181 • Sedalia, Colorado 80135 • (303) 688-3420

Application and health record **MUST** be filled out **completely** and signed by all campers, including adults.

Church \_\_\_\_\_ Pastor \_\_\_\_\_ Date s Attending \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Address of Parent \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, I hereby give my permission to the director of the Silver State Baptist Youth Camp to arrange for such medical, surgical or hospital care for my son, daughter or ward (child's name) \_\_\_\_\_ as may be necessary incidental to illness or injury occurring or notice of which arises while my son, daughter or ward is a camper at the Silver State Baptist Youth Camp. I further give permission for my son, daughter or ward to engaged in, supervised camp activities either on or off of the campground.

I further hereby give permission to such physician or surgeon as the director may obtain, to carry out such medical, surgical or hospital procedures on my son, daughter or ward as in the opinion of such physician or surgeon may be indicted under the then existing circumstances. I understand that Silver State Baptist Youth Camp's insurance is **SECONDARY** accident insurance and it does **not** cover pre-existing conditions.

The above camper has permission to participate in all camp activities except as noted by me and/or the examining physician. I give permission to the physician selected by Silver State Baptist Youth Camp to order x-rays, routine tests, and treatment for the health of my child. If I cannot be reached in a medical emergency, I give permission to the physician selected by SSBYC to hospitalize, secure proper treatment for, and order injection, anesthesia, and/or surgery for my child. I also affirm that the information on this medical form is both complete and correct.

Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Group # \_\_\_\_\_ Address of Ins. Co. \_\_\_\_\_ Phone # \_\_\_\_\_

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

\_\_\_\_\_ X \_\_\_\_\_  
Date **\*\*Signature of Parent , Guardian or Adult Camper\*\***

## PERSON AUTHORIZED TO TAKE CHILD FROM CAMP:

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

City \_\_\_\_\_ State \_\_\_\_\_ Phone Number \_\_\_\_\_

## Person Unauthorized to Take Child From Camp:

Person to be contacted in case of emergency (other than parent)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's and/or Mother's place of employment (No PO Box)

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## ACTIVITY RESTRICTIONS: I do not want my child to participate in the following activities:

## HEALTH RECORD: (Must be filled out or cannot attend SSBYC or attach copy of physical)

Physician's Name \_\_\_\_\_ Doctor Phone \_\_\_\_\_ Doctor Fax \_\_\_\_\_

Date of Last physical examination within 24 months of camp \_\_\_\_\_

This child is planning to attend a residential camp away from his/her home and may be distant from medical care. (The camp has a nurse on duty at all times.) Your response to these questions will help in the care of the child.

Significant medical history (physical, serious injuries, illness or lacerations, learning, and/or psychological concerns) \_\_\_\_\_

If camper is on medication, *Medication Form* MUST be completed. Only list medication camper takes during the summer. Medication not listed will NOT be administered. Exception would be over the counter medications on camp doctor's standing orders.

Immunization Records: Attach certificate of immunization or complete the following:

Tetanus-Diphtheria(DT) \_\_\_\_\_ Diphtheria-Tetanus-Pertussis(DPT) \_\_\_\_\_ Polio \_\_\_\_\_

Hepatitis B \_\_\_\_\_ Measle-Mumps-Rubella(MMR) \_\_\_\_\_ Other \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

I, the examining physician, hereby authorize the properly qualified health personnel of Silver State Baptist Youth Camp to administer the medications prescribed for the above camper. I have examined this person and found him/her to be in satisfactory condition and capable of active participation in a regular camp program with exception: \_\_\_\_\_

**\*\*Signature of physician or nurse practitioner** (RN not acceptable) \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

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

(PLEASE FILL OUT BOTH SIDES OF THIS APPLICATION)