

SUMMER PROGRAM PARTICIPANT INFORMATION

Participant's Name:	Age: DOB:
Parent/Legal Guardian:	Phone:
Parent/Guardian Email:	
Address:	State: Zip:
How did you learn about the program?	
Please select desired week:	
July 08 - July 12Horses, Horses, Horses! (\$450.00) July 15 - July 19Neigh'bor Summer Program (\$450.00) July 22 - July 26Touch a Horse! (\$450.00) A non-refundable deposit of \$100.00 per camp is required to hold the	00) e camper's place.
 Participants registered in two or more weeks of camp will par Siblings participating in the same week of camp will pay \$350 	•
Total Amount: \$	
To get more information & register call 908-735-5912, or email progra	rams@ridingwithheart.org
CAMP INFORMATION	
Camp operates Monday-Friday 9:00-1:00 rain or shine. You must prail campers are required to wear a helmet, long pants, and closed to helmets and boots to use for riding.	·
LIABILITY RELEASE	
I / my child would like to participate in the Riding with HEART program riding and working around horses. However, I feel the possible bene assumed. I hereby, intending to be legally bound, for myself, my heir and release forever all claims for damages against Riding with HEAR Employees, Instructors, Therapists, Aides, Volunteers, Equines and I / my child may sustain while participating in Riding with HEART activity.	efits to me / my child are greater than the risk eirs and assigns, executors, or administrators, waive RT, its Board of Directors, Affiliated Organizations, I Operating Site for any and all injuries and/or losses
WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVI OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO	/ITIES RESULTING FROM THE INHERENT RISKS
Print Name:	
Signed:(Signature of parent/guardian if participant is under 18 years of age)	Date:





Parent/Legal Guardian:	Emergency Contact #:
Second Emergency Contact:	Second Emergency Contact #:
List authorized adults who may pick your child u	up please include phone #:
CONSENT FOR TREATMENT	
□ I DO CONSENT	
, ,	bitalization, medication, and any treatment procedure deemed "lifesaving" voked if the emergency contact(s) above is (are) unable to be reached.
Consent Signature: (Signature of parent/guardian if pa	Date:articipant is under 18 years of age)
OR	
NON-CONSENT FOR TREATMENT	
□ I DO NOT CONSENT	
activities at Riding with HEART. However, Ridi (911) regardless of non-consent. Riding with HI every effort humanly possible to assist the parti	al treatment/aid in the case of illness or injury while I/my child participate in ing with HEART reserves the right to and will contact first responders EART staff are certified in Basic Life Support and CPR and will make icipant until emergency personnel arrive, however, staff are not trained al recommendations or decisions on the injured party's behalf.
- · · · · · · · · · · · · · · · · · · ·	ed, the participant's parents or legal guardian WILL immediately be reached, the indicated second emergency contact will be called.
Non-Consent Signature: (Signature of parent/guardia	an if participant is under 18 years of age)
HEALTH INFORMATION	
Describe abilities/difficulties in the following are	as below (include assistance required):
Social/Behavioral/Cognitive:	



PHOTO/MEDIA/WEBSITE/ADVERTISING CONSENT

I	DO	
I	DO	TON

Consent to and authorize the use and reproduction by Riding with HEART of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities and exhibitions or for any other use for the benefit of the program.