

ALL ABILITIES SUMMER CAMP at WINDWALKERS

FOR ALL ABILITIES AGES 6 to 11 years of age

CAMP DATES:

JUNE 11th- 14th

JULY 9th – 12th

AUGUST 6th- 9th

Camp runs Tuesday - Friday

From 9:00 AM – 3:00 PM

Cost is \$725 per session (4 days)

Junior Volunteers Welcome!!!

THE CAMP EXPERIENCE:

CAMPERS WILL:

- **IMPROVE PHYSICAL SKILLS** - ranch chores, games, hiking, and riding horses
- **LEARN RESPONSIBILITY** - caring for animals, nature, and humans
- **IMPROVE SOCIAL SKILLS** - through group activities on and off the horse
- **ART/DRAMA:** creative artistic expression, learn Horsey Language, Body Parts, Paint your Pony, Chalk Up Your Pony, create your own art project.
- **HAVE A BLAST WITH YOUR COMPANION, THE HORSE**
- **MAKE NEW FRIENDS!!!**

DAILY ACTIVITIES:

Riding Lessons (according to Level and skills), Learning about Horses, Ranch Skills, Arts & Crafts, Games and more!

Children must bring:

- Snacks and Lunch
- Riding Shoes (boots with a heel – loaners available!)
- Long Pants (they can wear shorts, but will need long pants for riding)
- Hat/Sunglasses/Sunscreen
- Sweatshirt or Light Jacket

WindWalkers will provide:

- Horses 😊
- Helmets
- Craft Supplies

Camp Personnel:

Gabrielle Greeves, Executive Director

Beth Gusick, Advanced PATH Intl. Instructor

Kristen Connor Volunteer Coordinator

Sarah English, PATH Intl. Instructor



Please DO NOT send a deposit unless you have been called to confirm your spot.

Once confirmed, please send completed forms and your deposit

Registration & Payment:

- Please indicate which week you would like your child to attend.
- A \$300 deposit is required for each session at time of registration. Please note deposit is refundable only if we are able to fill your spot.
- **The remaining camp balance is due two weeks before the start of camp.**

Name of Child: _____ Age: _____
Parent's Name: _____
Address: _____
City/State/Zip: _____
Phone: (H) _____ Phone: (C) _____
Email: _____
Camp Date Desired: 1st Choice _____ 2nd Choice _____ 3rd Choice _____
Riding Experience: _____
Medical History: _____

METHOD OF PAYMENT:

Check MasterCard/Visa(\$25.00 service charge will apply) Full Payment completed on _____

Card#: _____ Exp. Date: _____
Signature: _____ SSC#: _____ (On back of card)

Please send checks to:	WindWalkers PO Box 504 1030 CR 102 Carbondale, CO 81623	To pay online please visit: windwalkers.org *there is a \$25 fee to pay online
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INDIVIDUALIZED NEEDS:

At WindWalkers, we work with your child's needs, it's our specialty! Please contact a WindWalkers' instructor about any special considerations your child might have. Also, be sure to talk to us about our year-round equine assisted services.

If you have any questions please call Beth 970.963.0583

WindWalkers

Po Box 504 Carbondale, Colorado 81623 Phone: (970) 963-2909

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Name: _____ DOB: _____ Age: _____

Parent/Guardian: _____ (Cell) _____ (Home) _____ (Work) _____

Mailing Address: _____ City _____ State _____ Zip _____

E-Mail Address: _____ Best way to contact? _____

In the event I cannot be reached, contact:

Name: _____ Relationship: _____ Phone: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Health Status

Diagnosis(es): _____

Current Medications (include reasons for use): _____

Allergies: _____

Significant Health History: _____

CONSENT PLAN

In the event emergency medical treatment/aid is required due to illness or injury during the process of receiving services, or being on the property of WindWalkers, I authorize **WindWalkers** to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. *This provision will only be invoked if the person listed below is unable to be reached.*

Date: _____ Consent Signature: _____ Print Name: _____
Client, Parent, or Legal Guardian

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of WindWalkers. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____ Print Name: _____
Client, Parent, or Legal Guardian

WindWalkers Equine Assisted Learning and Therapy Center

WindWalkers P O Box 504 1030 CR 102, Barn Carbondale, CO 81623 (970) 963-2909

LIABILITY/HOLD HARMLESS/ASSUMPTION OF RISK STATEMENT

Read Carefully Before Signing

1. I, _____, the undersigned have read and understand and freely and voluntarily enter into this Release and Hold Harmless Agreement with **WindWalkers Equine Assisted Learning and Therapy Center** (hereinafter referred to as *WindWalkers*). I understand that this Release and Hold Harmless Agreement is a **waiver of any and all liabilities**.
2. I understand that **WindWalkers** makes EVERY effort to maintain very high standards of safety in the following areas: Administration, Program, and Facilities as determined by the governing agency for therapeutic riding centers, the Professional Association of Therapeutic Horsemanship ("PATH")
3. **HELMET USE:** I understand that under the PATH standards for safety, **ALL** participants, volunteers, and personnel (adults and minors) in any **WindWalkers'** mounted or driving activity are required to, and in fact **WILL** wear, protective headgear that is American Society for Testing and Materials – Safety Equipment Institute (ASTM-SEI) approved for equestrian use. If helmets do not meet these standards, they will meet the "PATH Guidelines for Alternative Helmet Use."
4. I understand that myself or my minor child working with and around the horses of **WindWalkers** as a client, staff member or volunteer has inherent risks that have been minimized as much as possible by **WindWalkers**. However, I feel that the possible benefits to me or my minor child are greater than the risk assumed.
5. I understand the potential dangers that I or my minor child could incur in being with, walking with, grooming, tacking, mounting, riding, dismounting, feeding horses, and using equipment around and with the horses, including but not limited to any interactions with other horses not belonging to **WindWalkers**. Understanding those risks for myself or my minor child, I hereby release **WindWalkers** from any liability whatsoever in the event of injury or damage of any nature or death to me, my child, or anyone else caused by or incidental to have myself or my child be involved with the horses and equipment of **WindWalkers**. This release of liability applies to both **WindWalkers**- their officers, directors, trustees, agents, shareholders, instructors, therapists, staff, volunteers, representatives, successors, assigns, and anyone else directly or indirectly connected with either **WindWalkers**.
6. I further voluntarily agree and warrant to Release and Hold Harmless all of the above named organizations and people for any and all manner of claims demands and damages of every kind or nature whatsoever, which I may now, or in the future have against **WindWalkers** and not limited to any incident caused by or related to negligence by the above named, including but not limited to injuries, death, or property damage from: being with, walking with, grooming, tacking, mounting, riding, dismounting, feeding horses; using equipment around and with the horses; and use of horse barn, paddock, trails or arenas in any capacity.
7. **WARNING: UNDER COLORADO 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 PURSUANT TO C.R.S. 13-21-120.**

I, the undersigned, hereby intending to be legally bound for myself, my child, my heirs, assigns, executors, or administrators, understand and recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally agreed to and signed. This agreement waives and forever releases, acquits, discharges and holds harmless all claims for damages against *WindWalkers* and CRR.

Print Name of Minor

Witness Name

Print Name of Adult, Parent or Legal Guardian

Witness Signature

Mailing Address

City, State Zip

Phone

Email Address (Please note you will be added to our emailing list)

Signature

Date