

# WindWalkers Summer Camp 2025 All-Inclusive All-Abilities Registration



## The Camp Experience

At our camp, riders will have the opportunity to:

- ✓ **Improve Physical Skills** – From ranch chores and games to sensory trail rides and horseback riding.
- ✓ **Learn Responsibility** – Caring for animals, nature, and each other fosters a sense of duty and teamwork.
- ✓ **Enhance Social Skills** – Through group activities, both on and off the horse, campers will develop stronger communication and cooperation.
- ✓ **Explore Art & Crafts** – Get creative with fun projects, like "Paint Your Pony", to learn about horse anatomy and body language while crafting unique art pieces.
- ✓ **Have a Blast with Your Horse Companion** – Build a lasting bond while having fun in the saddle and on the ground.
- ✓ **Make New Friends** – Enjoy the camp experience while meeting new people and forming friendships that will last a lifetime!

## Daily Activities

Each day at camp is packed with exciting and enriching activities, including:

- ✓ **Riding Lessons** – Tailored to each camper's level and skill to help them progress in horsemanship.
- ✓ **Learning About Horses** – Gain knowledge about horse care, behavior, and more!
- ✓ **Ranch Skills** – Hands-on experience with ranch chores, animal care, and farm life.
- ✓ **Arts & Crafts** – Creative projects like painting your pony, creating horse-themed artwork, and more.
- ✓ **Games and Fun** – Team-building games and outdoor activities that promote friendship and teamwork.
- ✓ **And Much More!** – Every day is filled with new opportunities to learn, grow, and have fun!

## Camp Info

June 24th - 27th  
July 29th - August 1st

**Ages 9 - 11**  
9am - 3pm  
\$800 per child

## Children Must Bring

Please label all items with your child's name in case something gets misplaced.

- ✓ Lunch
- ✓ Snack & Water Bottle
- ✓ Riding Shoes (boots with a heel – loaners available!)
- ✓ Long Pants (shorts can be worn, but long pants are needed for riding)
- ✓ Hat, Sunglasses & Sunscreen
- ✓ Sweatshirt or Light Jacket

## WindWalkers Provides

- ✓ Helmets
- ✓ Craft Supplies
- ✓ WindWalkers T-Shirt
- ✓ Horses!



## Registration & Payment:

- Please indicate which week you would like your child to attend.
- Please **do not** send payment until your spot has been confirmed. We will confirm your registration within **2** business days via email and phone call.
- On the day of registration, please send the required information (listed below). Once we confirm your spot, you will have 24 hours to submit your deposit, or pay in full.
- The remaining camp balance is due two weeks before the start of camp.

### **Deposit Amount: Half of the total camp cost**

- Pony Pals: \$250 deposit (\$500 total)
- All Abilities: \$400 deposit (\$800 total)

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 to cover our fees.)     Full payment made on \_\_\_\_\_

Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ CVC#: \_\_\_\_\_ (On back of card)

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

### 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 my electing 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**.  
I further voluntarily agree and warrant to Release and Hold Harmless all of the above named organizations and people for any  
6. 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