

Wings of Eagles Ranch

Summer Camp 2012

Camper Information

Name _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Parents/Guardians: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____

How did you hear about our summer camp program? _____

Emergency Contact:

These persons have permission to pick up camper

| | | |
|------|--------------|--------|
| Name | Relationship | Home # |
| | | Cell # |
| Name | Relationship | Home # |
| | | Cell # |

Please check which camp your child will be attending:

| | | |
|--|--|-----------------|
| Outdoor Adventure Camp I (Ages 4-12) | June 18 th – June 22 nd | \$175.00/5 days |
| Outdoor Adventure Camp II (Ages 4-12) | July 2 nd – July 6 th | \$175.00/5 days |
| Outdoor Adventure Camp III (Ages 4 +) | July 16 th – July 20 th | \$175.00/5 days |
| Horse Lover's Camp (Ages 6 +) Advanced - independent camp | July 30 th – August 3 rd | \$250.00/5 days |

T-Shirt Size

| | | | |
|---------------|--------------|--------------|---------------|
| Youth X-Small | Youth Small | Youth Medium | Youth Large |
| Adult Small | Adult Medium | Adult Large | Adult X-Large |

Photo Release:

I DO

I DO NOT

Consent to and authorize the use and reproduction by Wings of Eagles Ranch of any and all photographs and any other audio/visual materials taken for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Parents/Guardian Signature: _____ Dated: _____

General Release:

I agree to allow my child to participate in all the activities at the Wings of Eagles Ranch Summer Camp.

Parents/Guardian Signature: _____ Dated: _____

Wings of Eagles Ranch

RELEASE AND INDEMNIFICATION AGREEMENT

STATE OF NORTH CAROLINA §
 COUNTY OF CABARRUS §

KNOW ALL MEN BY THESE PRESENTS:

THAT for and in consideration of the undersigned being permitted at the WINGS OF EAGLES RANCH, INC., (hereinafter the "Ranch") situated in Cabarrus County, North Carolina, for the purpose of engaging in equine activities as that term is defined in NC ST § 99E-1(1) and NC ST § 99E-1(3), the undersigned agrees that he/she shall engage in equine activities at his/her own risk and accepts the inherent risks of equine activities or other activities thereon including, but not limited to, running, biking, zip line, climbing or other activity thereon, the undersigned agrees that he shall enter onto the Ranch at his own risk and accepts such Ranch in its present condition and ROBERT CRONIN AND CHRISTINE CRONIN (collectively "Cronin"), the owners of the Ranch, their spouses, agents, employees, heirs, executors, administrators, successors and assigns, jointly and severally (herein collectively "Releasees") shall not be liable to the undersigned or to the spouses, heirs, agents, employees, servants, guests, invitees or assigns of the undersigned for damages or personal injuries which may arise out of the undersigned venturing upon the Ranch for the purpose of activities thereon including, but not limited to, equine activities, running, biking, zip line, climbing or other activity thereon, or in using or exercising any rights, privileges and benefits extended by Releasees to the undersigned on or about the Ranch (whether such damages or personal injuries are caused by natural or un-natural conditions existing on the Ranch and whether such damages or personal injuries, including disease, are caused by man, beast, fowl, insects, reptiles and other animals, including but not limited to horses, deer, dogs, cats, skunks, squirrels, ticks, fleas, snakes or other animals or insects) and **the undersigned represents that he has inspected the Ranch and accepts entry thereon in its present condition and agrees to RELEASE, ACQUIT, HOLD HARMLESS and FOREVER DISCHARGE Releasees, their spouses, agents, servants and employees and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including claims and damages arising in whole or in part from the negligence of Releasees whether that negligence is the sole or contributory cause of the resultant injury, death or damage, at common law, statutory or otherwise, which the undersigned has or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to the use and occupancy of the Ranch for the purpose of any and all activities, and the undersigned further agrees to INDEMNIFY AND HOLD RELEASEES HARMLESS FROM AND AGAINST ANY AND ALL SUITS, ACTIONS, LOSSES, DAMAGES, CLAIMS, OR LIABILITY OF ANY CHARACTER, TYPE, OR DESCRIPTION, INCLUDING ALL EXPENSES OF LITIGATIONS, COURT COSTS, AND ATTORNEY'S FEES FOR INJURY OR DEATH TO ANY PERSON OR INJURY TO ANY PROPERTY, RECEIVED OR SUSTAINED BY ANY PERSON OR PERSONS OR PROPERTY, ARISING OUT OF OR OCCASIONED BY, DIRECTLY OR INDIRECTLY, THE UNDERSIGNED VENTURING UPON THE RANCH FOR THE PURPOSE OF ANY AND ALL ACTIVITIES THEREON, INCLUDING CLAIMS AND DAMAGES ARISING IN WHOLE OR IN PART FROM THE NEGLIGENCE OF RELEASEES. IT IS THE EXPRESS INTENT OF THE PARTIES TO THIS AGREEMENT THAT THE INDEMNITY PROVIDED FOR HEREIN IS AN INDEMNITY EXTENDED BY THE UNDERSIGNED TO INDEMNIFY AND PROTECT RELEASEES FROM THE CONSEQUENCES OF RELEASEES "OWN NEGLIGENCE" WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTORY CAUSE OF THE RESULTANT INJURY, DEATH, OR DAMAGE.**

The undersigned further agrees to defend, at his own expense, and on behalf of Releasees, and in the name of Releasees, any claim or litigation brought in connection with any such injury, death or damage, except that Releasees shall be entitled to select their respective counsel, however, the cost for such defense shall be paid for solely by the undersigned.

This Release and Indemnification Agreement and all contents herein, are expressly made binding upon and shall inure to the detriment of the heirs, legal representatives, administrators, executors, appointees, legatees, devisees, trustees, successors and assigns of each of the undersigned hereto, and their children, wards or issue.

WARNING

UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.

I understand and will abide by any and all Ranch Rules.

Executed the _____ day of _____, 20_____.

Rider or Volunteer Name: _____

Signed: _____ Driver's License # _____
 (If under 18, Parent or Legal Guardian)

Address: _____ City: _____ State: _____ Zip: _____

Healthcare Information

| | | | |
|--|-----------------|---|------|
| Name | | Medical Diagnosis | |
| Age | Medical History | | |
| Weight | | | |
| Height | | | |
| List any medications you are currently taking | | | |
| List medications to be administered at camp | | | |
| Describe any medical limitations | | | |
| List any allergies | | List any food allergies/restrictions | |
| Doctor's Name | | Doctor's Phone | |
| If your camper has an allergic reaction at camp, can we give your child Benadryl liquid? | | | |
| <input type="checkbox"/> Yes, you may give Benadryl Liquid | | <input type="checkbox"/> No, you may not give Benadryl Liquid | |
| Parent's signature | | | Date |

Additional Information

| | | |
|--|---|---|
| What are Campers favorite activities? | | |
| What are the Campers fears? | What characteristics would be most helpful in the counselor that will serve your child? | |
| Can Camper follow instructions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes | Does Camper have any violent behavior tendencies? | Does Camper have any behavioral problems? |
| What can be done to calm the Camper? | | How can we make Camper feel special? |

HIGH ROPE ELEMENTS/SWIMMING POOL/POND ACTIVITIES

Your child has the opportunity to climb our 40' Tower & ride the Zip Line (564') at camp this year or swing on our giant Flying Squirrel. These elements will be staffed with certified instructors and your child will be equipped with a certified harness & helmet. **Your child MUST wear closed toed tennis shoes to participate.** Along with these activities we will be able to utilize the pond for fishing and paddle boating. All participants will be required to wear a certified life jacket while on the water.

Please check if you give permission for your child to participate in:

- Swimming High Rope Elements Pond Activities

Abilities Information

Do you use adaptive equipment? Yes No what type of equipment? _____

If using a wheelchair, what kind do you have? Manual Power

Are you able to walk distances? Yes No

What is your degree of mobility? Ambulatory Walks short distances Non-Ambulatory

| | | | |
|--|---|---|--|
| Communication | How is camper's verbal communication? | | |
| Please describe: | | | |
| Vision | Does Camper have a vision impairment <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please explain: | | | |
| Toileting | <input type="checkbox"/> Can care for self | <input type="checkbox"/> Must be reminded to go | <input type="checkbox"/> Sometimes wets clothing |
| <input type="checkbox"/> Needs help getting on/off toilet | <input type="checkbox"/> Wears diapers | <input type="checkbox"/> Would be willing/able to use Port-A-John | |
| <input type="checkbox"/> Girl's menstrual periods have begun | <input type="checkbox"/> Needs assistance, describe below | | |
| <input type="checkbox"/> Due while at camp | | | |

| | | | |
|--|--|-----------------|--|
| Social Behavior | Does your child transition well from one activity to the next? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| What can we do to help? | | | |
| Other: | | | |
| Does your child wander? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please explain: | |
| What suggestions can you give us to help them settle into the daily routine & activities at camp? | | | |
| Camp Buddy | Would camper rather have a <input type="checkbox"/> Male or <input type="checkbox"/> Female <input type="checkbox"/> Doesn't Matter "Camp Buddy" | | |
| Please be aware we will do the best we can to accommodate each camper. Special needs campers get 1 st priority. | | | |

| | | | |
|--|--|--|--|
| Swimming | Please describe the child's swimming skills, restrictions or experience: | | |
| | | | |
| Is your child aware of safety issues around water? (Such as the pool or pond) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <ul style="list-style-type: none"> All children in diapers are required to wear swim diapers and plastic diaper covers. No Exceptions! One-piece swimsuits only. Campers will need to bring their own beach towels & sunscreen We reserve the right to exchange swimming for another activity based on camper limitations. | | | |

WINGS OF EAGLES RANCH

Therapeutic Horseback Riding & Outdoor Adventure Center
4800 Faith Trails
Concord, NC 28025
(704) 784-3147

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

(To be filled out by Rider's Physician)

Date: _____

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____ City: _____ Zip: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation: Y N Assisted Ambulation: Y N Wheelchair: Y N

Braces/Assistive Devices: _____

Tetanus Shot: Yes No

For Those with Down syndrome: AtlantoDens Interval X-rays, date: _____ Result: + or -

Neurological Symptoms of AtlantoAxial Instability: _____

Please indicate current or past difficulties in the following systems/areas, including surgeries:

| Areas | Yes | No | Comments |
|-------------------------|-----|----|----------|
| Auditory | | | |
| Visual | | | |
| Tactile Sensation | | | |
| Speech | | | |
| Cardiac | | | |
| Circulatory | | | |
| Integumentary/Skin | | | |
| Immunity | | | |
| Pulmonary | | | |
| Neurologic | | | |
| Muscular | | | |
| Balance | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning Disability | | | |
| Cognitive | | | |
| Emotional/Psychological | | | |
| Pain | | | |

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT...CONTINUED

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g., PT, OT, Speech, Psychologist, etc.) in the implementation of an effective equestrian program.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: (____) _____ License/UPIN Number: _____