

**HIDDEN POND FARM EQUINE RESCUE
CAMP DESPERADO ORDER FORM**

Camper Information:

Camper Full Name: _____ Age: _____

Parent or Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Please check the session(s) you are registering for:

July 12-16 @ \$275

July 19-23 @\$275

July 26-30 @\$275

Aug. 2-6 @\$275

Aug. 9-13 @\$275

Aug. 16-20 @\$275

Total Due: _____

A deposit of \$150 per child/per session is due with registration.
Make your check out to Hidden Pond Farm Equine Rescue.

Please pay the full amount by 5/1/21.

Please fill out all of the forms in this packet, and sign where indicated.

Send the completed forms and a check for the deposit (or payment in full) to:

Phyllis Elliott
Hidden Pond Farm Equine Rescue
250 South Road
Brentwood, NH 03833



HIDDEN POND FARM EQUINE RESCUE INFORMATION FOR CAMPERS

We are thrilled to have you learn with us! We have some wonderful horses and other critters that can't wait to meet you. Before you come meet Desperado and his friends, here are some things to remember:

Camp Hours

- Drop-off in the morning is at 8 AM.
- Pick-up in the afternoon is 2 PM.
- Before-camp and after-camp care is available starting at 7 AM and after 2PM, on a case-by-case basis. Please let us know in advance if you need this service.

What to Bring:

- **Wear appropriate clothing:** You will be outdoors most of the day, so please wear clothes that are appropriate for the weather.
- **Wear appropriate footwear:** Please wear low-heeled boots to protect your feet at the farm and to help your foot stay in the stirrup when you ride.
- **Riding helmets are required for all riders.**
- **Bug spray and sunscreen:** Remember to apply bug spray and sunscreen before you come. You may want to bring it with you for re-application if necessary.
- **Lunch & snacks:** Pack any food you will need for the day, including lunches and snacks.
- **Beverages:** We will have plenty of drinking water available. Please do not bring sugary or caffeinated drinks.

Have questions?

Call 603-568-6654 or send email to HiddenPondFarmNH@gmail.com.

**HIDDEN POND FARM EQUINE RESCUE
CAMP DESPERADO
REGISTRATION FORM**

Camper Information:

Camper Full Name: _____

Age: _____ DOB: _____

Parent/Guardian Information:

Parent/Guardian Full Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Emergency Contact Information: If unable to contact parent or guardian listed above

Emergency Contact Name: _____

Relationship to Camper: _____ Contact Number: _____

Dropoff/Pickup:

If not the parent/guardian, who will be dropping off and picking up the camper?

Name: _____

Phone Number: _____

A camper will not be released to any individual not listed on this form.

Is there anyone whom the camper **should not** be allowed to leave with, for any reason (i.e., restraining order or other safety concerns)?

Name: _____

HIDDEN POND FARM EQUINE RESCUE CAMP DESPERADO RELEASE FORM

This release is necessary in order to allow your child to participate in any camp activity.

In order for my child or ward to participate as a camper, I hereby release, remise, discharge, and covenant not to sue HPF-Rescue-Rehab-Rehome d/b/a Hidden Pond Farm Equine Rescue, its Board of Directors, employees, volunteers, instructors, owners, agents, apparent agents, successors or assigns, representatives, heirs, and Camp Desperado (collectively, "HPF") with respect to all liability for any and all loss or damage and any claims or demands therefore on account of injury to the person property or the resulting death for the named participant, whether caused by HPF's negligence or otherwise, while my child participates in Camp Desperado or any other activities on HPF's property.

- 1. Assumption of the Risk of Equine Activities:** By signing below, I am indicating my understanding of the inherent risks associated with equine activities, and hereby expressly assume on my behalf and on behalf of my child participant all risks associated with participating in those activities at or on the Farm's property and while participating in those activities on HPF's property while handling or riding HPF's equines. The inherent risk of equine activities include, but is not limited to, the propensity of equines to behave in ways such as running, bucking, biting, kicking, spooking, shying, stumbling, tripping, rearing, falling, or stepping on themselves or a human in ways that may result in injury or death to persons on or around them; the unpredictability of equines' reaction to things such as sounds, movements, and unfamiliar objects, persons, or other animals; the limited availability of emergency medical care; and the potential of a participant to act in a negligent manner that may contribute to injury to that participant or others, such as failing to maintain control over the animal, ignoring instructions of equine professionals, or not acting within the participant's ability.

WARNING

Under New Hampshire law, an equine activity sponsor, an equine professional, or any other person engaged in equine activities is not liable for an injury or death of a participant resulting from the inherent risks of equine activities. RSA 508:19 (2010).

- 2. Injury or Illness:** I understand that in the case of injury or illness, I will be notified promptly. If it is impossible to contact me or one of my emergency contacts listed on my child's registration form, and it is an emergency, I hereby give permission for a physician or other licensed medical provider to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of the participant.
- 3. Transportation:** I understand it is my responsibility to transport or arrange transportation for my child to and from HPF in order to participate in camp activities. I understand that it is my responsibility to arrange for immediate transportation home, unless I have arranged with HPF in advance to provide extended hours of camp time.

I, the parent or legal guardian of the undersigned, have read this release and understand all its terms. I execute it voluntarily, with full authority, and with the full knowledge of its significance.

Camper Name

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's printed name

**HIDDEN POND FARM EQUINE RESCUE
CAMP DESPERADO MEDICAL FORM**

Camper Full Name: _____

Birthdate: _____

ALLERGY INFORMATION

Does the camper have any allergies? ____ YES ____ NO

If yes, please list all allergies and reaction to allergen: _____

Does the camper require medication for the allergy (-ies)? ____ YES ____ NO

MEDICAL INFORMATION

Does the camper have any past or current medical issues? ____ YES ____ NO

Please explain any medical issues: _____

Does the camper require any assistance or have any special considerations as a result of any medical issue? ____ YES ____ NO

If yes, please explain: _____

Does the camper require any medication? If so please indicate the name, dosage, frequency:

Does HPF Equine Rescue staff have permission to administer this medication?

____ YES ____ NO

If you agree to allow HPF Equine Rescue staff to administer your child's medication, please sign below:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

The camper must bring any required medication to the camp with him/her. Hidden Pond Farm will not supply any medications.

DIETARY INFORMATION

Any dietary restrictions or limitations? _____

IMMUNIZATION INFORMATION

Date of last tetanus booster: _____

Pediatrician's Name: _____

Pediatrician's Phone Number: _____

Please include proof of vaccination and statement of any limitations on physical activity from the camper's pediatrician with this form.

Please advise HPF Equine Rescue staff in writing of any changes to your child's medical and dietary needs as soon as possible.