

# CAMPER HEALTH HISTORY

CHILD'S NAME: \_\_\_\_\_

The following information is required for a camper to be admitted to day camp:

## CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see [www.EDCP.org](http://www.EDCP.org) (Immunization).

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: \_\_\_\_\_
2. Is the camper currently enrolled in a Maryland school, public or private?
  - YES, provide name of Maryland school: \_\_\_\_\_
  - NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.EDCP.org](http://www.EDCP.org) (Immunization) for information.
3. Is the camper exempt from any immunization on medical or religious grounds?
  - YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
  - NO

## CONTACT INFORMATION

Parent or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address / Apt. #*

*City*

*State*

*Zip*

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:** Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

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Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EQUILIBRIUM HORSE CENTER RULES AND RELEASE AGREEMENT

By this agreement made and entered this DATE \_\_\_\_\_ by & between \_\_\_\_\_  
STUDENT NAME (print)

& \_\_\_\_\_, hereinafter referred to as "I": as agent I represent that I have authority to sign for both  
parents  
PARENT/GUARDIAN (print)

and guardians of the minor; and Equilibrium Horse Center, Inc., hereinafter referred to as "THIS CENTER"; IT IS HEREBY AGREED AS  
FOLLOWS:

1. This Center's facilities are for the use of STUDENTS, their families, and guests. STUDENTS will be responsible for the conduct of their guests at this CENTER. We reserve the right to refuse admittance and/or direct non-students to leave this CENTER if their conduct does not conform to this CENTER'S rules and/or good social behavior. Flagrant disregard for this CENTER'S rules by STUDENTS or family will result in our asking that STUDENT to leave the CENTER property.

Warning: A. Actions such as stealing, use of narcotics, flagrant damage/destruction of CENTER property, abuse of animals, physical/verbal abuse of CENTER personnel will not be tolerated and will result in immediate expulsion from the premises. B. You are hereby advised and warned that all STUDENTS and family members should purchase and wear a helmet or hard hat, and to wear it in and around the CENTER at all times to prevent horse-related injuries.

2. CENTER RULES-Do not mount up until a CENTER staff is present; never mount in an aisle way.

- Continually let a horse know where you are when working around it by talking to it, patting it, etc.
- Horses may only be led with a halter and lead or bridle.
- Never kneel or sit anywhere around a horse, always be in a position to step aside if necessary.
- No gum chewing; no running and/or shouting in and around the stables.
- NO SMOKING IN OR NEAR ANY BUILDING.
- Soled, fully enclosed shoes are required at all times: shoes with a heel are required for riding.
- Children must be under constant supervision by a parent or guardian who is responsible for their actions and behavior.
- Observe and obey all posted signs on premises and check bulletin areas weekly for updated information.
- All visiting animals must be kept on a leash or restrained at all times.

3. That I do for myself or on behalf of my child/legal ward, hereby voluntarily request to participate in riding instruction as a student(s) at THIS CENTER and that student will either ride his/her own horse or school horses provided by this CENTER for instructional purposes.

4. That I understand that HORSES ARE UNPREDICTABLE by nature; that when frightened or angry or under stress, a horse's natural instinct is to jump forwards or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if rider falls to the ground, the fall distance will generally be from 3.5 to 5.5 feet and at speeds up to 35 mph. I understand these risks, and I voluntarily assume these risks and dangers.

5. That I understand that upon mounting the horse and taking up the reins, the RIDER IS IN PRIMARY CONTROL of the horse, and that THIS CENTER is not responsible for the results of the rider's actions or inactions. I further agree to not abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to myself and others.

6. That I have been advised that students should purchase and wear a personal, custom-fitted, CERTIFIED helmet and wear it in and around THIS CENTER so as to prevent horse-related injuries.

7. LIABILITY RELEASE: That I understand that except in the event of THIS CENTER'S wanton and willful negligence, I am responsible for any bodily injury or property damage, including any non-horse-related injury or damage, which I or my child or legal ward should sustain on THIS CENTER'S premises and/or trails and/or while in transit to or at horse shows, cross country/open field lessons, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, and sponsors of THIS CENTER and their respective servants, agents, officers, and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.

8. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at THIS CENTER. That I further understand that should medical treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills. I hereby give my full and unconditional permission for the student/rider to be treated by a medical/emergency personnel in the event of an incident suggesting this assistance.

9. That this agreement is entered into the State of Maryland and will be interpreted and enforced under this State's laws.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUG, OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE AND THIS CENTER'S RULES AND ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT THIS DATE.

IF MINOR, PLEASE GIVE BIRTH DATE OF MINOR \_\_\_\_\_

SIGNATURE of STUDENT or PARENT/GUARDIAN \_\_\_\_\_