



Hope Springs
Experience the wonder!

Hope Springs Horse Camps

Registration Form

Student's Name: _____ Date of Birth: _____ Weight: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Township: _____ School District: _____

Home Phone: (____) _____ Parent Email: _____

Would you like to be added to our email list to receive promotions, newsletters, etc.? Yes / No

Parent's Name(s): _____ Home/Work: _____ Cell: _____

Alternate Emergency Contact: _____ Relationship: _____

Home Phone: (____) _____ Work: _____ Cell: _____

Persons authorized to pick up child (in addition to parents and emergency contact):

Name: _____ Home/Work: _____ Cell: _____

Medical Concerns/Allergies: _____ Physical or Cognitive Disability: _____

Does the camper have experience riding? Yes / No

Please indicate the camp date(s) that this child would like to attend: _____

For sign-up instructions and dates, visit www.hope-springs.org/camps or mail camps@hope-springs.org

COST: \$80 per Holiday or Saturday Camp Day; \$400 per Summer Camp Week

25% deposit reserves spot. Register early as we only take a limited number of campers per session.

Deposits can be paid on-line at www.hope-springs.org/camps or by mailing a check with this form.

Deadline for registration is one week prior to camp start. Our staff reviews each Sign-Up Form and will contact you to CONFIRM that your child has been registered for camp(s). **Reserved date(s) are NOT**

confirmed until you are contacted by Hope Springs. Once a reservation has been confirmed, deposits are NON-REFUNDABLE. The remaining 75% balance due must be paid by check or cash on or before the first morning of camp. *Release of Liability Form (attached) must also be completed prior to camp start.*

Make checks payable to: "HOPE SPRINGS EQUESTRIAN THERAPY." Deposit must be made on-line or mailed with this form to: Hope Springs Equestrian Therapy, P.O. Box 156, Chester Springs, PA 19425

QUESTIONS? Don't hesitate to give us a call at 610-827-0931 or email camps@hope-springs.org

Hope Springs Office Use Only:

Deposit Date Received: _____ Method: Online or Check # _____ or Other: _____ Initials: _____
Payment in Full Date Received: _____ Method: _____ Check # _____ or Other: _____ Initials: _____



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Release, Waiver of Claims and Indemnity

Participant or Parent / Legal Guardian on Behalf of Minor Child

Under the Pennsylvania Equine Activity Liability Act, each participant who engages in horseback riding or other equine activities expressly assumes the risk of engaging in said activities and assumes legal responsibility for injury, loss, or damage to person or property resulting from said equine activities.

In consideration for being allowed to participate, I, for myself and as parent, guardian or other authorized representative of my child/children or other dependent(s), hereby release Hope Springs Equestrian Therapy, Inc., ["Hope Springs"], and its owners, officers, trustees, directors, employees, affiliates and agents [including Peace by Piece Farm, Mr. & Mrs. Roy Sturgeon and any other of its owner(s)] [all hereafter in this paragraph collectively "Released Parties"], from any and all claims, demands, liabilities and/or damages, known or unknown, arising from or relating to my involvement, or the involvement of my child/children or other dependent(s), in equine and/or other Hope Springs activities [including Horse Camps], and waive any claims respecting same. I also agree to indemnify, defend and hold the Released Parties harmless from any claims or demands arising from my or my child/children's or other dependent's participation in equine or other Hope Springs activities, including Horse Camps. I understand that equine activities include, but are not limited to, horse care, training, teaching, riding instruction, therapeutic riding, shows, fairs, parades, competitions or performances which involve horses. I am aware and understand that horses are unpredictable in nature and for myself, and my child/children and other dependent(s), I knowingly and voluntarily assume all risks and dangers involved in equine and other Hope Springs activities, including accepting personal responsibility for all possible injury, permanent disability or death to me and/or my child/children and other dependent(s).

I UNDERSTAND THE ABOVE PROVISIONS AND VOLUNTARILY SIGN BELOW:

Signature _____ Date _____

Participant, Both Parents or Guardian (If under 18, must be signed by parents or guardian)

Print Name _____

If signing as a parent or guardian, print name(s) of participant(s) here: _____

Consent for Publicity

I hereby (check one): Do Not Authorize _____; Authorize _____

Hope Springs to use and copy, without fee, any and all audio and/or visual material taken of me/my child/children/other dependent(s) respecting Hope Springs activities and/or events for Hope Springs' promotional materials, which may include but is not necessarily limited to Hope Springs brochures, press releases, newsletters, exhibits and website postings. I understand that persons viewing such materials may understand that I or my child/children/dependent(s) are involved with therapeutic, and potentially medically related, activities. I agree, for myself and for my child/children/other dependent(s), that the use of such materials shall not breach any confidences and I, for myself and for my child/children/other dependent(s), waive any claims respecting same.

Signature _____ Date _____

Participant, Both Parents or Guardian (If under 18, must be signed by parents or guardian)

Consent for Policy: Participant/Parent(s)/Guardian also acknowledge and consent to the HSET Policy Statements, copies of which are either provided herewith or available upon request.

Signature _____ Date _____

Participant, Both Parents or Guardian (If under 18, must be signed by parents or guardian)

Hope Springs Equestrian Therapy * 610.827.0931 * www.hope-springs.org

MAILING: P.O. Box 156, Chester Springs, PA 19425

BARN: 1800 Art School Rd, Chester Springs, PA 19425

Hope Springs is tax-exempt under Section 501c (3) of the Internal Revenue Code, and a member of the Pennsylvania Association of Nonprofit Organizations.



Hope Springs Equestrian Therapy, Inc.
P. O. Box 156, Chester Springs, PA 19425
(610) 827-0931 www.hope-springs.org

HSET POLICY STATEMENTS

LESSONS: Each therapeutic horseback riding lesson will be approximately one hour long and includes time before and after riding to allow Rider to participate in grooming and saddling his or her horse or pony. Lessons are structured as follows: 15 minutes to groom and saddle the horse, 30 minutes riding, 15 minutes removing tack and preparing the horse to return to paddock or stall.

LESSON TIME/LATE ARRIVAL: Lesson times are planned and scheduled each week for the convenience of the student/family. If Rider arrives late, lesson will still end at regular time. If Rider arrives 15 minutes late, the student will not ride, but have a barn lesson that day. The fee for the lesson will remain the same.

PAYMENT POLICY: The cost of a one-hour therapeutic riding lessons is \$55. Payment for the lesson is expected at the time of service. If lessons are paid for in advance, Hope Springs will deduct fees from the pre-paid amount as lesson costs are incurred. Checks for lesson fees should be made payable to Hope Springs Equestrian Therapy, Inc.

CANCELLATIONS/RESCHEDULING: In the event that a Rider must cancel a lesson, he or she agrees to give Hope Springs at least 24 hours prior notice. If a Rider misses a lesson without giving Hope Springs 24 hour notice, the cost of that lesson will be forfeited by the rider. Inconsistency with lessons jeopardizes the continuity and progress of the student. If a Rider misses two consecutive lessons without prior notice, the Rider will be dropped from the schedule.

RIDER SAFETY/CONDUCT: If a Rider's behavior is unacceptable or unsafe, the lesson may be shortened or ended at the discretion of the instructor. Unacceptable or unsafe behavior includes, but is not limited to, disruption of the lesson, sexual comments or conduct, disrespect to instructor, other Riders, any person on HSET property, volunteers, horses or barn cats, etc. This also includes verbal disrespect and physical abuse to self, instructor, other Riders, any person on HSET property, volunteers, horses or barn cats.

Students/Prospective Students shall notify HSET of any history of any condition, behavior, medication, etc. that could affect the safety of the Rider, instructors, volunteers, fellow Riders, any person on HSET property, horses or barn cats. HSET reserves the right to deny services to any individual based upon concerns for safety.

Any change in a Rider's condition, behavior or medication that makes him or her inappropriate for HSET's programs will warrant discontinuation of services at the discretion of HSET's Executive Director.

RIDER WEIGHT LIMITS: Maximum weights are 220 pounds for a well-balanced centered Rider and 180 pounds for an unbalanced Rider needing side-walker assistance. Executive Director reserves the right to deviate from these weight limits when safety is a concern.

SMOKING IS NOT ALLOWED ANYWHERE ON THE PREMISES

“WARNING”

Under Pennsylvania's law, “You assume the risk of equine activities pursuant to Pennsylvania law.” We are in accordance with Pennsylvania Equine Activity Immunity Act, Act 93 of 2005.

(Revised: November 2014)