



4211 Valley View St.  
Norco, CA 92860  
(951) 340-0431 phone

**Horse Camp Information Packet**  
Please print legibly in blue or black ink.

Rider Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Rider Profile

Birthdate: / / Gender: M or F Height: \_\_\_\_\_ Weight : \_\_\_\_\_ lbs

Any Diagnosis? \_\_\_\_\_

Allergies? \_\_\_\_\_ Immunization Current? YES NO \_\_\_\_\_

Has your child received all of the hepatitis B vaccine series? If so, date: \_\_\_\_\_

Has your child received a tetanus shot? If so, date: \_\_\_\_\_

Please let us know if there are any behaviors/ special accommodations our staff should be aware of: \_\_\_\_\_  
\_\_\_\_\_

I am a returning rider: (circle one) YES NO

I have ridden a horse before: YES NO

I am \_\_\_ ambulatory; I am ambulatory using (circle all that apply):

Wheelchair Braces Crutches Walker Cane

I am \_\_\_ verbal or I am \_\_\_\_\_ non-verbal.

I am able to sit independently (circle one): YES NO

I am able to potty independently (circle one): YES NO

\*If unable to use the restroom independently, an adult must remain for duration of camp\*

Signature of Adult Rider or Parent/Guardian of Minor Rider \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
\*\*The Norco Goodwill store often has a wide selection of boots, should you wish to purchase an inexpensive option for your camper! They are located at 3220 Hamner Ave. in Norco\*\*



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## Patient Photo Release Agreement

I, \_\_\_\_\_, give my permission to use my child's name, \_\_\_\_\_, likeness, image, voice, and/or appearance as such may be embodied in pictures, photos, video recordings, audiotapes, digital images, and the like, take or make on behalf of Friends of Leaps & Bounds Pediatric Therapy. I agree that Friends of Leaps & Bounds Pediatric Therapy Inc. has complete ownership of such pictures, etc. including the entire copyright and may use them for any purpose consistent with the Friends of Leaps & Bounds Pediatric Therapy program mission. I acknowledge that I will not receive any compensation, etc. for the use of these pictures etc. and hereby release Friends of Leaps & Bounds Pediatric Therapy Inc. and any of its agents and assigns from any and all claims which arise or are in any way connected with such use.

I give my consent to Friends of Leaps & Bounds Pediatric Therapy Inc. to use my name/child's name and likeness to promote the program, its fiscal agent, and/or their activities. I consent to allow use in the following ways:

- Social Media (Facebook, Instagram)
- Printed Materials (photos, illustrations, bulletins, publications)
- Promotional Material (advertisements, flyers, exhibitions)
- Videos

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I **decline** use of my child's image, likeness, voice and/or appearance in any way.

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I have read and understood the agreement.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name of Patient: \_\_\_\_\_

Date: \_\_\_\_\_



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**FRIENDS OF LEAPS & BOUNDS**  
**PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR  
LEGAL RIGHTS**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ on behalf of \_\_\_\_\_, a minor child (the "Participant"), by \_\_\_\_\_, the parent having legal custody and/or the legal guardianship of the Participant (the "Guardian"), releases Friends of Leaps and Bounds ("FOLB"), a FOLB organization organized and existing under the laws of the United States as a Section 501c3 tax exempt corporation, each of its directors, officers, employees, and agents.

**OR**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ on behalf of \_\_\_\_\_, an adult (the "Participant"), releases Friends of Leaps and Bounds ("FOLB"), a FOLB organization organized and existing under the laws of the United States as a Section 501c3 tax exempt corporation, each of its directors, officers, employees, and agents.

I, the Participant or Guardian of the above-named participant, do hereby give my consent to my or his/her participation in all activities of Friends of Leaps and Bounds, non-profit organization, including but not limited to (horse camp, equestrian activity, interacting with animals, etc.) The Participant and/or the Guardian desire that the Participant **engage in activities related to serving or participating in Friends of Leaps and Bounds** activities as a volunteer, player or participant.

The Participant and/or the Guardian are responsible for the **Participant's own insurance coverage** in the event of personal injury or illness as a result of service or participation in activities of Friends of Leaps and Bounds.

1. Waiver and Release: We, the Participant and the Guardian, hereby waive, release and forever discharge and hold harmless FOLB, its officers, directors, employees and volunteer assistants, agents, successors or assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant with FOLB activities, including claims arising out of negligence. We understand and acknowledge that this Release Discharges FOLB from any liability or claim that we may have against FOLB with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the FOLB's activities.

This release extends to all claims, whether presently known or unknown. I hereby expressly waive any benefits I may have pursuant to Section 1542 of the California Civil Code relating to the release of unknown claims, which provides:

**"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release which if known by him must have materially affected his settlement with the debtor."**



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2. Insurance: We the Participant and the Guardian, affirm that the Participant is covered by primary medical insurance and understand that we are responsible for the Participant's medical bills if injury occurs. Further, we understand that FOLB does not assume any responsibility for or obligation to provide the Participant with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death or damage to his or her property. We expressly waive any such claim for compensation or liability on the part of FOLB beyond what may be offered freely by FOLB in the event of such injury or medical expenses incurred by the Participant.
3. Assumption of Risk: We, the Participant and the Guardian, understand that the activities provided by FOLB and which the Participant is involved in may include activities that are inherently dangerous to the Participant, including but not limited to riding horses, interacting with animals, physical activities, etc. We hereby expressly assume the risk of injury or harm of the Participant from these activities and Release FOLB from all liability for injury, illness, death, or property damage resulting from these activities.
4. Medical Treatment: We, the Participant and the Guardian, hereby Release and forever discharge FOLB from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with the FOLB. We give our consent for the FOLB to provide, administer, or obtain medical treatment for the Participant.
5. Other: We, the Participant and the Guardian, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I, the Participant and/or the Guardian of the above-named Participant, admit and acknowledge that I have carefully read this agreement and fully understand its contents, and express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

PARTICIPANT/RELEASOR

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Name Printed

DATED: \_\_\_\_\_

PARENT/GUARDIAN

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

DATED: \_\_\_\_\_