



Mailing Address: P.O. Box 71, Clinton, SC 29325
Physical Address: 4000 Hurricane Church Road

Camp Application Form

Rider Name _____ Date of Birth _____
Height _____ Weight _____
Parent/Guardian Names _____
Address _____ Phone _____

Rider Profile

- I have worked with horses for _____ years in the following capacities:

- I have ridden for _____ years in the following disciplines:
_____ English _____ Western _____ Other _____
- My horsemanship goals at camp this year are: (circle all that apply) Learning/Improving:
Grooming Feeding Bathing Pulling/Clipping Hair
Leading on the ground Exercising my horse on the ground
Riding by myself at the Walk Trotting
- I would like to learn more about: (circle all that apply)
Horse Behavior Horse Breeds Horse Care Horse Anatomy
Horse Terms (gender, age, colors, markings, etc) Tack (riding equipment)
Showing Horses Careers working with Horses Trail Riding

Photo Release (Check One)

- I hereby consent to and authorize the use and reproduction by the PET Riding Program, of any and all photographs and any other audio-visual materials taken of my son/daughter/ward for promotional printed material, educational activities, or for any other use for the benefit of the program.
- I do not give my consent for the Photo Release.

Liability Release

_____ (Rider's name) would like to participate in PET Riding Program's Summer Camp experience. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to my son/daughter/ward are greater than the risk assumed. I hereby waive and release forever all claims for damages against Mr. and Mrs. John Pate, the Palmetto Equestrian Therapeutic Riding Program, its' Board of Directors, Instructors, Therapists, Aides, Volunteers for any and all injuries and/or losses my son/daughter/ward may sustain while participating in the PET Riding Program.

Date _____ Signature _____

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

Rider's Authorization for Emergency Medical Treatment

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property, I authorize the PET Riding Program to:

- 1. Secure and retain medical treatment and transportation if needed;
- 2. Release rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

Emergency contact: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company & Policy Number _____