



**Last Chance Ranch Summer Camp 2025 Registration
Monday - Friday 9:00 - 3:00 PM**

Return Form to: Kyrstie@lastchanceranch.org

Parent Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Child Name: _____

Child's Shirts Size (kid's sizes) S M L XL XXL

Child's DOB ___/___/___ Height _____ Weight _____

**Height/Weight is necessary for horse placement during horse camp/rescue camp

**\$395 for Horse Camp
\$375 for Rescue Camp**

- **Horseback riding camp** will include daily riding lessons, horse care and safety, water activities, and crafts.
 - Horse Camp will be split into 2 different age groups: ages 7-10 and ages 11-14
 - This camp focuses on horse care, how to catch and halter a horse, riding tailored to student's individual level, no experienced required!
- **Rescue Camp** will focus on all types of animals at LCR and promote the idea of rescue, rehabilitation, and rehoming of rescue animals as well as proper vet and animal care (weekly horseback riding included along with water activities and crafts).
 - Rescue Camp will be split into 2 different age groups: JR Rescue (ages 7-10) and Rescue Camp (ages 11-13). Activities will be adjusted for each age group.

Please check all weeks that apply: There are discounts available for multiple weeks or children. Please contact LCR office for discount details.

____ **Week #1 June 16th - June 20th (HORSE CAMP, ages 7-10)**

____ **Week #2 June 23rd - June 27th (RESCUE CAMP, ages 11-13)**

____ **Week #3 July 7th - July 11th (JR RESCUE CAMP, ages 7-10)**

____ **Week #4 July 14th - July 18th (HORES CAMP, ages 11-14)**

____ **Week #5 July 28th - August 1st (JR RESCUE CAMP, ages 7-10)**

____ **Week #6 August 4th - August 8th (HORSE CAMP, ages 7-10)**

****Payment must be received at time of registration to hold your spot****

Emergency Contact Information

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Medical History

Does your child have any medical conditions, past or present that we should know of? Y or N

If yes, please explain:

Is your child allergic to any medications, foods, insects, **animals** or other allergens? Y or N

If yes, please explain: _____

Does your child take any medications, either prescription or over the counter? Y or N

If yes, please list medication, dosage, prescribing doctor, reason for taking, and specific time to be taken

each day: _____

Does your child have any restrictions? Y or N

If yes, please explain: _____

Name of family physician: _____

Phone: _____

Address: _____

Insurance Information:

Participant must be covered by family medical / hospital insurance

****Provide a copy of the insurance card, front and back****

Carrier or plan name: _____

Group #: _____

Carrier address: _____

Name of insured and relationship to participant: _____

Permission to provide necessary treatment or emergency care: I hereby give permission to the medical personnel selected by the camp director to call for medical assistance in case of an emergency.

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person described has permission to engage in all camp activities except as noted.

Signed: _____

Printed: _____

Date: _____

THIS PORTION TO BE COMPLETED BY LCR STAFF

_____ PAID _____ DATE

SIGNATURE _____ DATE _____



Last Chance Ranch Animal Rescue

9 Beck Road, Quakertown, PA 18951

PARTICIPANT AGREEMENT, RELEASE, & ACKNOWLEDGEMENT OF RISK

In consideration of the services of *Last Chance Ranch Animal Rescue*, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "LCR"), I hereby agree to release and discharge LCR, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I understand and acknowledge that any animal or farm-related activity may entail both known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I certify that I have read the information below regarding Potential Risks attached hereto and made a part of this Agreement. I acknowledge that I understand the Potential Risks described and that I indemnify and hold LCR harmless from any liability for such risks.
3. I understand and acknowledge that: (a) LCR has difficult jobs to perform and that, although LCR always tries to maintain the highest safety standards, they are not infallible; (b) LCR may be ignorant or uninformed about a participant's fitness or abilities; (c) LCR might misjudge the weather, the elements, or the terrain at any given time; (d) LCR may fail to give adequate warnings or instructions; and (e) the equipment being used in any LCR activities could malfunction without warning.
4. I expressly agree and promise to accept and assume all of the risks existing in activities at LCR. My participation in activities at LCR is purely voluntary, and I elect to participate in spite of the risks.
5. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless LCR from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of LCR's equipment or facilities, including any such claims which allege negligent acts or omissions of LCR.
6. Should LCR or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless to such fees and costs.
7. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in activities at LCR, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in activities at LCR, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

POTENTIAL RISKS OF LCR ACTIVITIES

1. Equine-Related Risks

Riding, leading, and handling horses, donkeys, ponies or mules (equines) are classified as rugged adventure recreational sport activities. There are numerous obvious and non-obvious inherent risks always present in such activities despite all the safety precautions taken. No equine is a completely safe animal. Equines are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than humans. If a rider falls from an equine to the ground, it will generally be a distance of between 3.5 to 5.5 feet, and the impact may result in injury to the rider. Equine riding is the only sport where one much smaller, weaker predator animal (the human) tries to control and become one unit of movement with another much larger, stronger prey animal (the equine), with each having limited understanding of the other. If an equine is frightened or provoked, it may divert from its training and act according to its natural instincts. Such instincts may include, but not be limited to, stopping short, changing direction or speed abruptly at will, shifting its weight from side to side, bucking, rearing, biting, kicking, or running from what the equine perceives as danger. Serious injury and/or death may result from your participation in this activity.

Risks may include, but are not limited to, the following: (a) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them irrespective of their previous behavior and characteristics; (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals, or certain hazards such as surface and subsurface conditions, collisions with other equines or objects; (c) failing to maintain control over the equine, being bounced, jostled, or thrown due to passage over varied, sometimes rough terrain; (d) the risk of falling off or being thrown from an equine resulting in injuries and/or death, and (e) adverse weather resulting in exposure to cold, wind, rain, and/or snow, and subsequent loss of control over the equine.



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2. Other Animal-Related Risks

LCR rescues a wide variety of animals (dogs, cats, rabbits, birds, reptiles, sheep, etc.) to which volunteers may be exposed in the course of their activities at LCR. ALL animals of ALL types carry risks that may result in serious injury, illness, or even death. All animals can be unpredictable regardless of prior behavior and characteristics due to a variety of causes such as fear, injury, or illness. Risks may include, but are not limited to, the following: bites, scratches, maulings, broken bones, pulled or sprained muscles, rabies, allergies, tick-borne Lyme Disease, and bacterial infections.

3. Farm-Related and General Risks

Farm settings in general may carry potential risks which could result in injury, illness, or death. These risks include, but are not limited to, the following: potentially dangerous vegetation on the property (i.e., poison ivy, etc.), malfunctioning equipment, malfunctioning vehicles, and dangerous weather conditions. General risks include, but are not limited to, the following: receipt of First Aid and/or emergency treatments, risks associated with the consumption of food and beverages on the premises, and the unpredictable actions of others not under the control of LCR.

SIGNATURES

By signing this Agreement, I acknowledge that if anyone is hurt or property is damaged during my participation in activities at LCR, I may be found by a court of law to have waived my right to maintain a lawsuit against LCR on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

PARTICIPANT:

Name (print): _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Signature: _____ Date: _____

PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION & RELEASE

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by LCR to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless LCR from any and all Claims which are brought by or on behalf of Minor and which are in any way connected with such use and participation by Minor.

Parent's or Legal Guardian's Name (print): _____

Address: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Signature: _____ Date: _____