



## Graham Equestrian Center 2020 Summer Camp Registration

Check next to desired camp weeks:

	June 29 - July 3 - All Levels		August 10 - August 14 - All Levels
	July 13 - July 17 - All Levels		August 17 - August 21 - All Levels
	July 27 - July 31 - All Levels		Advanced Camp - Dates TBD

Participant Name: \_\_\_\_\_

Parent(s)/Legal Guardian:  
\_\_\_\_\_

Other person(s) authorized to pick up child:  
\_\_\_\_\_

Please describe prior riding experience if any:  
\_\_\_\_\_

In order to reserve your spot:

1. Confirm that space is available in your desired week by completing the camp contact form on the website and await confirmation.
2. Make payment of \$200 deposit or pay in full \$425 (see payment information below)
3. Submit this camp registration package with all forms completed as necessary \*current students do not need to fill out the Lesson Enrollment Form or Participant Agreement\*
4. Pay the balance due before the start of camp (see payment information below)
5. You should receive a confirmation email from the instructor once all of the above is complete - if you do not please contact us at [lessons@grahameq.org](mailto:lessons@grahameq.org)

\*Your spot is not finalized until all of these steps are complete\*

Payment Options:

- on our website via PayPal, [www.grahameq.org](http://www.grahameq.org), Services/Summer Camps, 2.9% fee applied
- check mailed to Rachael North, Attn Camp, 10301 Harford Road, Glen Arm MD 21057
- check dropped off on site
- credit/debit onsite or via phone, additional fees apply

## CAMP PARTICIPANT AGREEMENT

Participant and Parent/Guardian agrees to the following:

- Camp deposits are not refundable
- Camp starts at 9:00 am and ends at 4:00 pm, before/after care can be provided upon request for \$15/hour. Before/after care ensures supervision only, it does not include additional riding or activities. Be sure to confirm before/after care with the camp instructor via email.
- Drop-off/Pick-up in parking lot ONLY. No drop-off/pick-up/stopping or standing in driveway. Speed limit on the property is 10 MPH
- Participants should wear long pants, shirt or polo shirts and boots with low heel while riding
- NO riding in shorts, tennis shoes, or sandals
- Bring extra set of clothing and a bag for wet clothing
- Bring lunch, snacks, sufficient water and sunscreen daily
- Respect safety rules indicated by instructors at ALL times (no running,, no standing behind horses, etc....)
- No fire, firearms, alcohol, or drugs permitted on premises
- Complete New Rider Welcome Packet and all health/medical forms (enclosed) \*current students do not need to fill out the Lesson Enrollment Form or Participant Agreement\*
- Participants must have a respectful attitude towards horses, other campers, property/equipment and instructors. Disrespectful or disruptive behavior will not be tolerated.

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

## HEALTH AND LIABILITY RELEASE

Participant Name: \_\_\_\_\_

M / F : \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

### Health

Per Health and Human Services regulations each participant must have a completed Youth Camp Health History Camper form contained within this package. Incomplete forms will not be accepted.

### Medication

Participant Medication: Is the participant required to take any medicine during camp hours?

Circle:      Yes      No

Any participant that is required to take medication during camp hours MUST complete the Medication Administration Authorization Form contained in this packet, even if the participant is allowed to self-medicate, per Health and Human Services regulations.

Any other pertinent health information:

\_\_\_\_\_  
\_\_\_\_\_

### **Emergency Release Statement:**

In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by Rachael North, Janelle Wolbert, and/or Holly LaBarre to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above.

PARENTS/GUARDIANS Printed name: \_\_\_\_\_

PARENTS/GUARDIANS Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Student Last Name \_\_\_\_\_

Student First Name \_\_\_\_\_



**GRAHAM  
EQUESTRIAN  
CENTER**

**LESSON WELCOME PACKET**

Thank you for choosing Graham to be your equine educational experience!  
To ensure the safety of all parties and the most enjoyable experience,  
**please fully read and complete the documents in this packet:**

(Check the box after completion)

- Lesson Enrollment Form
- Participant Agreement
- Lesson Program Policy and Agreement

# GRAHAM EQUESTRIAN CENTER

## LESSON ENROLLMENT FORM

### PARTICIPANT / RIDER INFORMATION

RIDERS ARE REQUIRED TO COMPLETE THE ENTIRE LESSON PACKET &  
AGREE TO GRAHAM EQUESTRIAN CENTER'S TERMS AND CONDITIONS PRIOR TO LESSONS

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Check if under 18 years old

Parent/Guardian Name (if minor): \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_ Preference of Contact:  Phone  Email

Address (Street, City, State, Zip): \_\_\_\_\_

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

Would you like to receive Graham Equestrian Center Emails regarding upcoming events, announcements or news?  Yes  No

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

If applicable, has your Physician authorized your participation in this activity?  Yes  No

*(if requested by Facility, Physician's  
Release must be attached to this form)*

Are you medically insured?  Yes  No

Disclose any physical or mental conditions, limitations, chronic conditions or allergies: \_\_\_\_\_

# of years experience riding/handling horses: \_\_\_\_\_ Currently own a horse?  Yes  No Ever owned a horse?  Yes  No

Description of Riding and Handling Experience(s): \_\_\_\_\_



\_\_\_\_\_  
*Signature of participant or Guardian (if participant is a minor)*

\_\_\_\_\_  
*Date*

**Friends of Gunpowder Falls State Park  
Graham Area Equestrian Center, Inc**

**PARTICIPANT AGREEMENT**

***Assumption of Risk, Waiver of Liability, and Indemnification Agreement***

**Assumption of Inherent Risks:** I understand and assume the inherent risks involved in equine activities, which risks include, but are not limited to, bodily injury, physical harm and even death to horses, riders, and spectators from using, riding or being close proximity to horses may occur in normal use. I acknowledge that the behavior of any animal is contingent to some extent upon the ability of the handler or rider. Further, I understand that "inherent risks of equine activities" shall mean those dangers or conditions which are an integral part of equine activities, including but not limited to:

- the propensity of any equine to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to property in their vicinity;
- the unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- certain hazards such as surface and subsurface objects;
- collisions with other equines, animals, people and objects (fixed or otherwise);
- limited availability of emergency medical care; and
- the potential of participant or spectator to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his/her ability.

**Waiver of Liability:** For the privilege of riding and/or working around equines at Graham Equestrian Center today and on all future dates, I, on behalf of myself, my family members, my heirs, personal representatives, or assigns, do hereby agree to release, waive, and discharge Friends of Gunpowder Falls State Park Graham Area Equestrian Center, Inc. (hereinafter "Graham"), Gunpowder Falls State Park (hereinafter "GFSP"), and its directors, managers, employees, volunteers, and agents from any liability or responsibility for accident, damage, injury, or illness to myself or any horse owned by me or and horse not owned by Graham but used by me, or to any family member or spectator accompanying me while on the premises of Graham resulting from the inherent risks of equine activities or from any ordinary negligence (active or passive) of Graham or GFSP.

AND that except in the event of Graham or GFSP's gross and willful negligence, I agree not to bring any claims, demands, actions and causes of action, and/or litigation, against Graham or GFSP for any economic and non-economic losses due to bodily injury, death, and/or personal property damage sustained by me in relation to the premises and operations of Graham, including while riding, handling, or otherwise near horses owned by or in the care, custody and control of Graham.

**Indemnification:** I also agree to hold harmless, defend, and indemnify Graham and GFSP (including, but not limited to, costs associated with defending a suit, judgment, court costs, investigation costs, and reasonable attorney fees) from any and all claims of mine, my family members, or others arising from my injury or loss due to my participation as a rider, handler, or spectator.

I further agree to hold harmless, defend, and indemnify Graham and GFSP against any and all claims of co-participants, rescuers, and others arising from my conduct in the course of my participation as a rider, handler, or spectator.

**Acknowledgements, Assertions, and Agreements:** I warrant that a full and fair disclosure of my equestrian handling and riding abilities have been made to Graham, its directors, managers, employees, and agents. Further:

Health Status – I assert that I:

- Have fully disclosed to Graham any chronic conditions that could impair my ability to participate as a rider, handler, or spectator and have provided a doctor's release permitting my participation (if applicable).
- Do not have any undisclosed chronic physical or mental conditions that would contra-indicate participation in equine activities.
- Possess sufficient physical fitness and skill to enable safe participation with, on, and around equines.

**Emergency Care** – I authorize or agree that Graham:

- May administer emergency first aid, CPR, and use an AED when deemed necessary by Graham.
- May secure emergency medical care or transportation (i.e., EMS) when deemed necessary by Graham.
- May share my medical history with emergency medical personnel when deemed necessary by Graham.
- And I shall assume all costs of emergency medical care and transportation provided on my behalf.

**Rules & Safety Equipment – I agree:**

- To abide by the rules and regulations established by Graham and GFSP.
- To wear an SEI/ASTM approved riding helmet at all times while mounted on the horse, or warrant I understand the risk and danger of riding without a helmet and so choose not to wear a riding helmet. (NOTE: Riders under 18 years of age may not waive the use of a riding helmet.)
- To wear appropriate footwear at all times while on the premises of Graham and GFSP.
- To inform Graham immediately if I become aware of rider conduct or equipment condition that presents a danger to myself and others.
- That Graham will conduct all activities in good faith and may find it necessary to terminate my participation if its determined that I am incapable of safely meeting the rigors of the activity. I accept Graham's right to take such actions for the safety of myself, other riders, and/or the horses.

Covenant not to Sue; Mediation; Venue; and Severability Clauses: I covenant not to sue Graham or GFSP for an present or future claim arising directly or indirectly from my participation with equines at the Graham Area Equestrian Center. This includes claims resulting from the inherent risks of equine activities and the active or passive negligence of Graham or GFSP.

This Agreement shall be construed and interpreted in accordance with the laws of the State of Maryland. Any action brought under this Agreement, shall be brought within (1) year of the incident or dispute giving rise to said claim. I further agree that *prior to litigation*, such incident or dispute shall first be mediated by a trained Mediator knowledgeable in equines and equine activities from a list acceptable to Graham and/or GFSP (whichever party is in dispute). Costs of mediation shall be shared equally by the parties. In the event of litigation, the prevailing party shall be entitled to costs and fees associated with the litigation, including reasonable attorney fees.

I also expressly agree that this Participant Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**Acknowledgement of Understanding:** I understand this is a legal document and that I am signing this agreement freely and voluntarily. I understand I have the choice *not to participate* as a boarder or spectator at Graham, or as a rider, handler, participant, or spectator in the clinic, training, or special event provided by or at the facilities of Graham, and, therefore, not sign this agreement.

I have read this 2-page Participation Agreement and full understand its terms. I understand that I am giving up substantial rights, including my right to sue Graham or GFSP, its clinicians, directors, managers, employees, volunteers, and agents for injuries or death resulting from the inherent risks of equine activities or the active or passive negligence of Graham or GFSP. I further acknowledge that I intend my signature to be a complete and unconditional release of all liability, including that due to ordinary negligence by Graham or GFSP, to the greatest extent allowed by the laws of Maryland.



\_\_\_\_\_  
Signature (must be at least 18 yrs of age to sign)\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of signatory

\_\_\_\_\_  
If participant is a minor, PRINT name here

\_\_\_\_\_  
Date of Birth  
of Minor Participant

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**\*If participant is a minor (less than 18 years of age), the parental or guardian signature indicates full understanding of the above terms and, as may be permitted by law, is waiving both the rights of the minor participant and the rights of the parent/guardian pursuant to this Agreement.**

OFFICE USE: Received by: \_\_\_\_\_ Agent (Print Name)

- Lesson Student   
  GEC Boarder   
  Clinic Participant   
  Spectator/Auditor  
 Community Service   
  Horse Discovery Center   
  Other: \_\_\_\_\_

## **GRAHAM EQUESTRIAN CENTER**

### **LESSON PROGRAM POLICY AND AGREEMENT**

All students are required to complete a **Lesson Enrollment Form, Participant Agreement and Lesson Program Policy and Agreement**

(this form). Lesson fees can be found on the website: [www.grahameq.org](http://www.grahameq.org).

#### **Graham offers:**

- Horse Discovery Center Program – Introducing and educating people about horses and horsemanship.
- Riding and Lesson Programs for beginners through advanced riders (as weather permits) – Group, semi-private and private lessons.
- Opportunities for educational clinics from local and non-local equestrian professionals.
- On-site horse shows for all experience levels.
- Horsemanship Clinics on topics of riding, natural horsemanship training techniques, foundational skills, and interaction with horses.
- Instructor led trail rides.
- Classroom instruction, in conjunction with hands-on instruction and training.

#### **Please read carefully, and if you agree to our policy, sign and date below.**

1. All new students are required to take a one hour Introductory lesson, regardless of previous experience riding or handling horses. It will include an orientation of the facility and review of our Rules & Regulations.
2. All students, parents and guardians are expected to abide by barn rules and signage posted throughout the facility.
3. Part of your riding lesson experience will be to help familiarize you with various types of tack and equipment.
4. Students need to be mature enough to understand and follow directions.
5. Riding lessons are scheduled directly with instructors after the initial introductory lesson.
6. Some class time may not involve mounting and riding a horse, but will be instructional and educational.
7. No student will be asked to perform a task that makes the student uncomfortable or afraid.
8. Payment for the lesson is due at the beginning of the lesson. Late payments will be charged \$3 for each day payment is tardy. Graham accepts credit/debit, cash and check payments.
9. There is a \$25 charge for a bank-returned check.
1. Graham does accept credit/debit payments. All credit/debit payments will be charged a transaction fee (variable).
2. **We require 24-hour cancellation notice or the full lesson amount will still be due/charged.**
10. Riding attire for lessons include:
  - Long pants or chaps
  - Boots or hard sole shoes with a heel (tennis shoes and similar footwear are not permitted),
  - An approved ASTM/SEI riding helmet. We encourage students to purchase your own helmet to ensure the correct and safest fit. Graham does offer helmets to students in the event the student does not have one.

NOTE: If students arrive in attire that the instructor deems unfit for the activity, the instructor reserves the right to limit the student based on the attire.
11. Riding lessons begin and end on time. Please be on time and come a few minutes early to prepare for your lesson. Tardiness will result in a shorter lesson or, in the case of a group lesson, may result in inability to ride as to not impede the other student's ride time.
12. Graham instructors reserve the right to dismiss or refuse to provide lessons to anyone if we determine that the student is uncooperative or incapable of safely meeting the requirements of the program.



13. Children must be supervised at all times on the property. Participants or families with unsupervised children may be required to end their lesson.
14. Dogs are not permitted in or near the lesson area(s) and must be leashed and under handler's control at all times.
15. Students and those providing transportation for students must park in the parking lot in the designated spaces. **No stopping/standing in the driveway for pickup or dropoff of students.**



\_\_\_\_\_  
**Signature (must be at least 18 yrs of age to sign)\***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of signatory**

\_\_\_\_\_  
**If participant is a minor, PRINT name here**

\_\_\_\_\_  
**Date of Birth of Minor Participant**

**YOUTH CAMP HEALTH HISTORY**  
**CAMPER**

Child's Name: \_\_\_\_\_

Current residence: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?  YES  NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?  YES  NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION INFORMATION:**  
**Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?  YES  NO

YES, List: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date

# MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)  
Center for Healthy Homes and Community Services (CHHCS)  
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

## I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year		
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION [ ] YES <b>-If yes, see Section III below.</b> [ ] NO		
5. MEDICATION NAME	6. DOSE	7. ROUTE		
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY		
10. IF PRN, FOR WHAT SYMPTOMS				
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD				
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is <b>NOT TO EXCEED 1 YEAR.</b>		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year	
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp		
TELEPHONE	FAX			
ADDRESS				
CITY	STATE			ZIPCODE
14a. <b>PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)</b> <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>				14b. <b>DATE</b>

## II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, as listed in 15c below, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

## III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

**This section should only be completed if this medication is approved for self-administration. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.**

I authorize self-administration of the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. <b>PRESCRIBER'S SIGNATURE</b> authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION <b>(Check One)</b> [ ] YES [ ] NO [ ] N/A - Not emergency medication	16c. <b>DATE</b>
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) [ ] YES [ ] NO [ ] N/A - Not emergency medication	17c. DATE