



CAMPER'S NAME \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATION \_\_\_\_\_

EMERGENCY CONTACT PHONE \_\_\_\_\_

**MEDIA RELEASE:** I realize that any photos taken by Shady Creek Riding Academy (SCA) during camp or other SCA activities become the property of SCA and may be used in printed literature or marketing materials, including being posted to SCA website. I realize that there will be no compensation for use of said photos. SCA agrees that photos will be used anonymously (names of children will not be posted/used in any format).

☐ I give permission for SCA to use my child's photo as described above

☐ I DO NOT give permission for SCA to use my child's photo as described above

**MEDICAL TREATMENT AUTHORIZATION:** While my child (above named person(s) are attending camp at SCA, I hereby give permission to SCA staff to provide basic first aid treatment & care to my child within the scope of their training. SCA staff agrees that, in the case of injury, they will make every attempt to notify the parent/legal guardians and emergency contacts, using information listed above and/or provided on my child's camp registration form. In the event that none of these contacts can be reached in an emergency, I hereby give permission to the physician / medical personnel at the facility selected by the camp director to secure and administer treatment, including hospitalization, for the person(s) named above. I also give permission to the medical personnel / facility selected by the camp director to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and for SCA staff to provide or arrange necessary related transportation for my child including transportation in private vehicles if necessary. I have provided current insurance information on my child's Riding Release form.

**I have listed below any allergies, medications, physical limitations or special considerations SCA staff or medical personnel should be aware of (including food allergies, as some snacks will be provided during camp).**

Signed \_\_\_\_\_ Dated \_\_\_\_\_