



**Shady Creek Riding Academy at Shady Creek Farm
2015 Summer Camps
CAMP RELEASE FORM**



CAMPER'S NAME _____

CAMPER'S NAME _____

PARENT/GUARDIAN _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ OK to contact me via text ____ Yes ____ No

EMERGENCY CONTACT _____ RELATION _____

EMERGENCY CONTACT PHONE _____

MEDIA RELEASE: I realize that any photos taken by Shady Creek Farm (SCF)/Shady Creek Riding Academy (SCA) during camp or other SCF/SCA activities become the property of SCF/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. SCF/SCA agrees that photos will be used anonymously (names of children will not be posted/used in any format).

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

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

MEDICAL TREATMENT AUTHORIZATION: While my child (above named person(s) are attending camp at SCF/SCA, I hereby give permission to SCF/SCA staff to provide basic first aid treatment & care to my child within the scope of their training. SCF/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 SCF/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 SCF/SCA staff or medical personnel should be aware of (including food allergies, as some snacks will be provided during camp).

Signed _____ Dated _____

TO COMPLETE YOUR CHILD'S CAMP REGISTRATION: THIS CAMP RELEASE FORM IS REQUIRED ALONG WITH THE RIDING LIABILITY RELEASE, CAMP REGISTRATION FORM AND PAYMENT (min \$65 deposit at registration).

Payments may be done through our website using PayPal

Required Release forms may be downloaded from the website, or contact us to request a copy