

Pony Club Member and Mount Description
(This will be given to the Instructors and verified with your DC)
Please make sure information is current and accurate!

Name _____ Age _____

Name of Pony Club _____

Your Rating: D1 D2 D3 How long have you been at this level?

Comfortable jumping height: Stadium _____

Cross Country _____

Are you participating in the dressage rally? Yes No

Horse's Name _____ Age _____

Ht. _____ Gender _____

Color _____ Breed _____ Vices: _____

How long have you been riding this horse?

Horse Owner's Name

Owner's Phone Number

Any special needs for this horse? _____

Do you take regular lessons? YES NO How often?

What type of lessons? (check all that apply) _____ Hunter/Jumper

_____ Games _____ Dressage _____ Combined Training

Other (please specify)

Pony Club competitions you plan to attend this year or have attended in past years and rating level(s):

Specific issues you would like to work on during camp:

Any other information that you would like to share with the instructors about Pony Club member and/or mount:

**Name & Phone # of your
DC:**_____

**Name & Phone # of
Trainer:**_____

**Camp Rules and Regulations Agreement
Heartland Region D Camp**

Name of Pony Clubber: _____

Name of Mount: _____

I have read the enclosed camp rules and regulations as well as all of the information about camp. I understand these rules and agree to abide by them. I realize all USPC behavior GUIDELINES, SAFETY RULES, AND POLICIES APPLY AT THIS ACTIVITY.

Date: _____ **Signature of Pony Clubber:** _____

Parent/Guardian Camp Agreement

(please initial by each statement)

_____ I hereby enter the above named rider and horse subject to all rules and regulations of the camp. I accept that this offer is conditioned upon the soundness and suitability of the mount. I understand that neither the landowners, USPC, it's regions, or local clubs, nor it's members, officers or staff accepts any responsibility for damage, injury or illness to the horse, owner, rider, spectators or any person or property whatsoever during the camp session.

_____ I further agree to assume the cost of any veterinary, farrier, or other bills incurred by my child's mount.

_____ I grant the directors, camp nurse or their designee to provide medical treatment for my child in an emergency and to contact a physician or hospital if necessary. I have signed and enclosed 3 USPC Medical releases. I have enclosed a copy of my medical insurance card and agree to assume the cost of any medical bills incurred by my child.

_____ I grant permission for my child to be administered the following medications while at camp (medications will be stored and administered by the camp nurse): _____

_____ I understand camp closes at 1:00pm and I will pick up my child by that time. Or state adult who has permission to pick up my child: _____

_____ I give permission for my child and their mount to be photographed during camp activities and allow those photos to be released for publicity purposes.

Parent/Guardian's Signature: _____ **Date:** _____

Printed Name: _____ **Relationship to camper:** _____

Johnson County Park/Hoosier Horse Park

P.O. Box 246, Franklin IN 46131

812.526.6809 812.526.9816 fax 812.516.0104

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate at the **Johnson County Park Department** facility and/or related events, the undersigned:

1. Agree that prior to participating the participants or the parent(s) or legal guardians of the minor participants each will inspect the facilities and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisors of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue **Johnson County Park Department**, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDING THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent/Guardian Printed Name _____
SIGNATURE _____ Relationship _____
(Print name of participant) _____
Address of Participant _____
Signature _____

Institution/Organization: D Camp – June 8-June 12, 2008 for USPC members