

**HOUSE MOUNTAIN FARM**  
**2011 JUMP CAMP    May 30-June 3, 2011** (4/20/11)

This is an overnight camp; price includes a stall and initial bedding for the horse, all meals and snacks. Campers must be jumping at least 2' and be able to canter & stop their horse in the field. Campers will "camp" in the HMF roomy 3 bedroom, 3 bath apartment. Bring sleeping bag, pillow, air mattress & all personal toiletries etc. Campers will receive 2 jumping lessons per day, all meals and snacks. There will be evening activities after supper each night and a chaperone will stay overnight with the campers in the apartment.

**Must have 6 campers to run session**

Camper Name (please print) \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Information:

Parent cell/pager/work phone: \_\_\_\_\_

**Sessions are limited to 10 campers each and fill up quickly,  
so send your application in today!**

**Fee is \$600.00 for the week, with a \$100.00 non-refundable deposit—Payment in full is due by  
May 23, 2011**

Copy of negative Coggins attached     Yes     No

I plan to purchase hay for my horse.

I plan to purchase shavings for my horse.

**Please read and sign the release form; application will not be accepted without signed release!**

Mail application with non-refundable deposit (make check out to House Mountain Farm) to:

**Choose to trailer in daily?--\$450.00 for the camp**

House Mountain Farm Jump Camp

PO Box 132

Corryton, TN 37721

Liz Green 687-8159

**Need more info? Email [lizfox5555@live.com](mailto:lizfox5555@live.com)**

**WARNING: Under the Tennessee law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Tennessee code annotates, Title 44, Chapter 20 (Acts 1993, CH. 974, Sec. 6.)**

**RELEASE AND ASSUMPTION OF RISK**

Please read this entire document before signing. This releases House Mountain farm and Liz Green from any liability from participation in above activities.

The undersigned hereby acknowledges that he/she understands that participation in any of the equestrian activities at House Mountain Farm is purely voluntary. In consideration of House Mountain Farm making any equipment and/or facilities available to the undersigned while participating in any such activities, the undersigned hereby releases House Mountain Farm, Liz Green and their successors, assigns, trustees, officers, agents, and employees from and all claims, demands and causes of action whatsoever, in any way growing out of or resulting from the undersigned's participation in the activities of said equestrian activities at House Mountain Farm.

The undersigned further agrees that he/she understands that many of the activities of said House Mountain Farm involve substantial risk of bodily injury, property damage and other dangers associated with participation in equestrian activities. Dangers peculiar to activities normally engaged in the equestrian activities at House Mountain Farm include, but are not limited to: bodily injury and/or death resulting from kicks and bites and falls from horses or horse falling onto riders; being dragged by a foot caught in the stirrup as the rider is thrown and equipment failure.

It is expressly understood by the undersigned that he/she is solely responsible for any costs arising out of bodily injury or property damage sustained through participation in normal or unusual activities of House Mountain Farm. The undersigned is encouraged to obtain adequate bodily injury or property insurance coverage.

If the undersigned is married and/or a minor, the signature of the spouse, parent or guardian appearing in the space below signifies acceptance by said spouse, parent or guardian that the terms and conditions hereof shall be binding upon them and shall constitute release by them of any and all claims, demands and causes of action whatsoever which they or any of them may have against House Mountain Farm, Liz Green, their successors, assigns, trustees, officers, agents and employees from any and all claims, demands and causes of action whatsoever, in anyway growing out of or resulting from the undersigned's participation in the activities of said equestrian activities at House Mountain Farm.

I have carefully read and understand completely and clearly the above provision and agree to be bound thereby.

This \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Name of Applicant (please print) \_\_\_\_\_

Age of Applicant ( if under 18 years old) \_\_\_\_\_

Signature of Applicant or Parent/Guardian \_\_\_\_\_

Spouse \_\_\_\_\_

# CAMP MEDICAL RECORD — must have no later than 1<sup>st</sup> day of camp

pg 1

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Other phone where parents might be reached: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If parents cannot be reached in an emergency, please call friend or relative:  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***Please attach any special instructions regarding the care or needs of your child.***

## Parent's Declaration:

All information filled in on both pages of this form is true to the best of my knowledge. I hereby consent to any treatment deemed advisable in an emergency.

I understand that I am responsible for paying any and all medical expenses which may be incurred by my child while at camp.

I will be sure that my child is rested and in good health and has not been exposed to any communicable diseases when he/she arrives at camp.

Signed: \_\_\_\_\_ (date)

\_\_\_\_\_ A copy of the insurance card is attached

# CAMP MEDICAL RECORD

pg 2

Name of Camper: \_\_\_\_\_ Age: \_\_\_\_\_

## Has camper had any of the following infectious diseases?

Measles: \_\_\_\_\_ Whooping cough: \_\_\_\_\_

Mumps: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_

## Immunization history (date of last injection):

Tetanus: \_\_\_\_\_ Whooping cough: \_\_\_\_\_

Diphtheria: \_\_\_\_\_ Measles: \_\_\_\_\_

Smallpox: \_\_\_\_\_ Polio: \_\_\_\_\_

Typhoid: \_\_\_\_\_ Other: \_\_\_\_\_

Any severe reactions to insect bites or bee stings? \_\_\_\_\_

Allergic to penicillin, sulfa or other drug? \_\_\_\_\_

State blood type, if known: \_\_\_\_\_

remarks: \_\_\_\_\_

Please state if any of the following conditions are in the medical history:

### Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_

Hay Fever: \_\_\_\_\_

Hives: \_\_\_\_\_

Constipation: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Bronchitis: \_\_\_\_\_

Nose bleeding: \_\_\_\_\_

Convulsions: \_\_\_\_\_

Mastoiditis: \_\_\_\_\_

Other ear infection: \_\_\_\_\_

Frequent colds or sore throat: \_\_\_\_\_

Other (state) : \_\_\_\_\_

Enuresis: \_\_\_\_\_

Boils: \_\_\_\_\_

Fainting: \_\_\_\_\_

Somnambulism: \_\_\_\_\_

Sinus infection: \_\_\_\_\_

Is there any other past or present condition? \_\_\_\_\_

Has there been any illness during the past few months? \_\_\_\_\_

Is there any major or minor disability or limitation? \_\_\_\_\_

Are any restrictions in camp activities necessary? \_\_\_\_\_

Is any special diet or medication necessary? \_\_\_\_\_

Any food sensitivity? \_\_\_\_\_