



www.worthmoreequestrian.com 11570 Still Pond Rd, Worton, MD 21678 410-348-2055



Office Use Only		
Payment _____	Date _____	Staff _____

Worthmore Equestrian Center
Horseback Riding Fall Camp
 (Return Completed Form via email, mail, or drop off)
 October 20th & 21st (\$150)

Name of Camper: _____ Male [] Female []

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Day Phone: _____

Birth Date: _____ Age on 6/1/16: _____

Emergency Contact: _____

Phone: _____ Relationship to Camper: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Would you like to be added to our monthly newsletter? ___yes ___no

Parent/Guardian Signature: _____ Date: _____



PATH Intl. Center Member





www.worthmoreequestrian.com 11570 Still Pond Rd, Worton, MD 21678 410-348-2055



HEALTH HISTORY

Height: _____ Weight: _____
 Tetanus Shot: Yes _____ No _____ Date: _____

Please indicate any special precautions:

Please indicate current or past special needs in the following areas:

	Y	N	Comments
Aggression			
Allergies			
Autism			
Behavioral			
Bone/Joint (arthritis)			
Cancer (type)			
Circulation (heart disease, hypertension)			
Communication			
Depression/Anxiety			
Dietary Problems			
Dizziness			
Elimination			
Emotional/Mental Health			
Epilepsy (Seizure Type)			
Gastrointestinal Issues (peptic ulcers, etc.)			
Head Injuries			
Headaches			
Hearing			
Hyperactivity			
Incoordination			
Loss of Consciousness/Blackouts			
Metabolic issues (diabetes, thyroid, etc.)			
Muscular			
Other illness (TB, AIDS, etc.)			
Pain			
Phobias			
Respiratory/Asthma			



PATH Intl. Center Member





www.worthmoreequestrian.com 11570 Still Pond Rd, Worton, MD 21678 410-348-2055



Self-harm/Suicidal			
Sensory Impairment			
Sleep Disorders			
Substance Abuse			
Thinking/Cognition			
Trauma/Abuse			
Vision			
Other			

MEDICATIONS (include prescription and over-the-counter; name, dose and frequency/side effects)

Parent/Guardian Signature: _____ Date: _____

Rider Registration and Release Form



PATH Intl. Center Member





www.worthmoreequestrian.com 11570 Still Pond Rd, Worton, MD 21678 410-348-2055



Rider Name: _____ DOB: _____ Age: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Parent(s)/Guardian: _____

Address (if different from above): _____

EMAIL: _____

In case of an emergency Contact: _____ Phone: _____

Contact: _____ Phone: _____

Liability Release

I, _____, have read and understand and freely and voluntarily enter into this Liability
(Student Name)

Release Agreement with the Worthmore Equestrian Center, Bridges At Worthmore, Inc. understanding that this release is a waiver of any and all liability(ies).

I understand the potential dangers that could incur in mounting, riding, walking, boarding, feeding said horse(s); including but not limited to, any interactions with other horses. However, I feel the possible benefits to myself/my son/ my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release Worthmore Equestrian Center, Bridges at Worthmore, its Board of Directors, officers, employees, instructors, aides, and/or volunteers, and anyone else directly or indirectly connected with this Corporation from any liability in the event of injury or damage of any nature (or perhaps even death) to me, my child or anyone else caused by or incidental to electing to participate in equine activities.

I understand and recognize and warrant that this agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Liability Release I know and understand that this agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

Signatory MUST be over 18 years old.

Signature: _____ Date: _____

Photo Release (optional)

I hereby consent to and authorize the use and reproduction by Worthmore Equestrian Center and Bridges at Worthmore of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed materials, educational activities or for any other use for the benefit of the corporation.

Signature: _____ Date: _____

Authorization for Emergency Medical Treatment



PATH Intl. Center Member





www.worthmoreequestrian.com 11570 Still Pond Rd, Worton, MD 21678 410-348-2055



In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the Center, I authorize Worthmore Equestrian Center and Bridges at Worthmore to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Student Name: _____ Phone: _____

Address: _____

In the event I cannot be reached:

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____

Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Consent Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property of the Center. In the event emergency aid/treatment is required, I wish the following procedure take place:

Non-Consent Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____



PATH Intl. Center Member





www.worthmoreequestrian.com 11570 Still Pond Rd, Worton, MD 21678 410-348-2055



Pick-up permission:

I certify that my child _____ will be picked up by myself or the following people. I grant permission to release my child to these people in my absence:

Signature: _____ Date: _____



PATH Intl. Center Member





www.worthmoreequestrian.com 11570 Still Pond Rd, Worton, MD 21678 410-348-2055



Payment Information:

October 20th & 21st (\$150)

Early Drop Off or Late Pick Up

Method of Payment: Check Enclosed Visa Mastercard Discover Cash/Money Order

Name on card: _____

Card Number: _____ Expiration date: _____

Signature: _____

Check number: _____

Amount enclosed: _____



PATH Intl. Center Member

