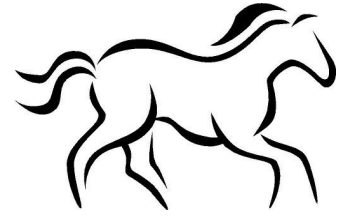


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 Telephone, TX 75488
 Camp / Church Office: 903-664-2485
 Big John Salem Cell: 903-486-1630
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Participant Application, Authorization & Release

Name: _____ Gender: Male Female
 (Last) (First) (MI)

Age: _____ Height: _____ ' _____ " Weight: _____ lbs DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Employer/School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Parent / Legal Guardian: _____ Mother / Father / Guardian

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

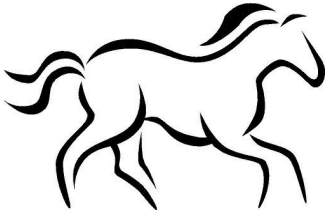
Medication: (include prescriptions, over-the-counter, name, dose, frequency)

Physical Function: (i.e. Mobility skills such as transfers, walking, wheelchair use, driving / bus riding)

Psycho/Social Function: (i.e. Work/school, grade completed, leisure interests, relationships –family structure, support systems, companion animals, fears/concerns, etc.)

Goals: (i.e. Why are you applying for participation? What would you like to accomplish?)

Special Needs / Likes / Dislikes:



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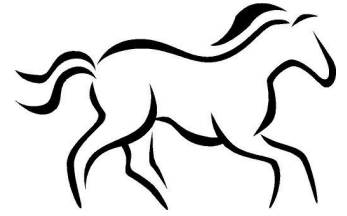


Photo Release

I do / I do not (circle one) consent to and authorize the use and reproduction by Wild Horse Creek Camp of any and all photographs and any other audio / visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
 (Client, Parent, or Legal Guardian)

Release of Liability

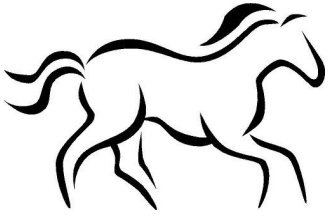
Wild Horse Creek Camp, it's officers, members, employees and agents will not be responsible for any damages to persons, animals or property at the Wild Horse Creek Camp & Church, nor will they be responsible for any property lost or destroyed. The undersigned rider / parent / guardian hereby releases Wild Horse Creek Camp & Church, it's officers, members, employees and agents from any and all liability, claims and damages whatsoever (including costs, expenses, and attorney's fees) that might result from any show, clinic, event or function, whether or not such damages, injuries, or losses result directly or indirectly from the negligent act or omission of such released parties.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

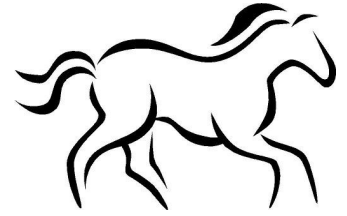
In exchange for the use of property owned / leased by Wild Horse Creek Camp and other valuable consideration, I agree that my use of the premises and any animals, facilities, or equipment owned by Wild Horse Creek Camp is at my own risk. I further agree to indemnify and hold harmless Wild Horse Creek Camp & Church, their respective officers, members, employees and agents from any and all suits, actions, or claims of any type arising from my use of the premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise.

I acknowledge that riding and involvement with horses is a high-risk activity. I have read this agreement and fully understand it's content.

Signature: _____ Date: _____
 (Client, Parent, or Legal Guardian)



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Authorization for Emergency Medical Treatment

Physicians Name: _____ Medical Facility: _____
 Health Insurance Company: _____ Policy #: _____
 Allergies to Medications: _____
 Current Medications: _____

IN THE EVENT OF AN EMERGENCY, CONTACT:

Name: _____
 Relationship: _____ Home Phone: _____
 Cell Phone: _____ Work Phone: _____

Name: _____
 Relationship: _____ Home Phone: _____
 Cell Phone: _____ Work Phone: _____

Name: _____
 Relationship: _____ Home Phone: _____
 Cell Phone: _____ Work Phone: _____

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 agency, I authorize Wild Horse Creek Camp to:

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

Consent Plan

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

Signature: _____ Date: _____
 (Client, Parent, or Legal Guardian)

Non-Consent Plan

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

Signature: _____ Date: _____
 (Client, Parent, or Legal Guardian)