

February 22, 2017

Dear Care Providers:

Greetings from Camp Harkness 2017! We are excited about the upcoming summer months and embarking on our 19<sup>th</sup> camping season. We are committed to offering a quality vacation experience for our campers and continue to have a registration process that will ensure the health and safety of all the campers. Please review the procedure listed below and submit the appropriate forms along with the application form.

- **Skills and Behavior Checklist** This form is required to be completed and submitted with the camp application. The information provided on these forms will be used to screen campers' needs and ability levels to ensure that this camper will be safe in our camping program.
- **Supporting Documents from DDS Individual Plan** These forms are required to be copied and submitted for each camper to supplement the full camp packet. These forms will be required for all **Agency Supported & Community Companion Home** individuals. We will also expect individuals who attend day or respite programs but who live independently or with families to submit these forms. These forms need to be submitted with the application:
  - ◆ **DDS Emergency Individual Fact Sheet**
  - ◆ **IP.7 Provider Qualifications and Training Form** (This section from the **DDS Individual Plan** is intended to alert the team of the trainings staff members need to possess when working with an individual.)
  - ◆ **All guidelines listed on IP.7** (submit copies of **ALL** protocols listed on IP.7: dining, mobility, safety, etc.)
  - ◆ **Fall Risk Screen Form** (from Nursing Protocol NP 11-1, Attachment A and D.)
  - ◆ **Behavior Support Plan**
- **Doctor and Guardian Activity Consent** This is a form that some campers may be asked to submit. After an initial review of applications, The Arc may request a physician and guardian's consent for the individual to attend camp and participate in the planned camp activities. It is important for a camper's doctor and guardian to be aware of the physical camp environment and level of care provided by camp staff. This information will help us know how to safely support the camper during their stay at camp.

The information provided on the above documents will be used to screen individuals during the registration process. Once all of the information is provided and reviewed, the camper will be officially accepted into the camp program. Please submit these forms in a timely manner to secure the camper's spot in the 2017 program.

In addition, the equestrian program will be offered again this summer. Please review the 2017 Horse Program information and registration form included with this application. Individuals who are interested in participating in this program must complete the form and submit it by **April 15, 2017**. An additional fee of **\$50 per activity** must be submitted with the registration form.

Please review all of the information in this letter and application packet. Please submit all required forms by the dates listed. If you have any questions or concerns, please email me at [jhickey@thearcnlc.org](mailto:jhickey@thearcnlc.org). I look forward to providing another great camping experience.



Jen Hickey  
Camp Administrator



***The Arc***®

*New London County*

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# Camper Application Camp Harkness 2017

<h2>Camper Information</h2>		Please complete <b>one application</b> form for <b>each</b> camper. All camp forms are available at our website: <a href="http://TheArcNLC.org">TheArcNLC.org</a>	
Name of Camper:		DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Camper's Mailing Address:		Camper's Phone Number:	
Contact Name:	Relationship:	Contact Phone Number:	
<b>Is the Camper a DDS client?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		DDS Client Number:	
CT DDS Region: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> West		Case Manager Name:	Case Manager Phone Number:
<b>Please provide the following information regarding the camper's current living arrangement.            Fill out <b>ONLY one column.</b></b>			
Agency Residential Living	Community Companion Home	Family Home	
<input type="checkbox"/> Group Home <input type="checkbox"/> Supported Living			
Agency Name:			
Primary Contact Name:	Primary Contact Name:	Primary Contact Name:	
Primary Contact Address:	Primary Contact Address:	Primary Contact Address:	
Primary Contact Phone Number:	Primary Contact Phone Number:	Primary Contact Phone Number:	
Primary Contact Email:	Primary Contact Email:	Primary Contact Email:	

# Camper Application Camp Harkness 2017

Available Programs			
Adult	Young Adult	Youth Residential	Youth Day Camp
Ages 30+	Ages 18-30	Ages 8-17	Ages 8-17
1:3 ratio	1:3 ratio	1:2 ratio	1:2/1:1 ratio
<ul style="list-style-type: none"> <li>Completes activities of daily living <b>independently</b> or with <b>verbal prompting</b> from staff</li> <li>Can participate safely in a large group (<b>48 campers</b>) setting with minimal support from staff</li> <li>Does not have behavior difficulties that infringe on other campers' ability to enjoy the camping experience</li> </ul>	<ul style="list-style-type: none"> <li>Completes activities of daily living <b>independently</b> or with <b>verbal prompting</b> from staff</li> <li>Can participate safely in a large group (<b>35 campers</b>) setting with support from staff</li> <li>Does not have behavior difficulties that infringe on other campers' ability to enjoy the camping experience</li> </ul>	<ul style="list-style-type: none"> <li>Can participate safely in a large group (<b>25 campers</b>) setting with support from staff</li> <li>Does not have behavior difficulties that infringe on other campers' ability to enjoy the camping experience</li> </ul>	

Camp Fees			
Adult Camp Session	\$1,010*	\$1,055 <sup>^</sup>	*Adult and Young Adult Campers who are dues-paying members to any organization that is a chapter of The Arc are eligible to receive a discounted rate of \$950. Please provide a copy of the <b>current membership card</b> or a <b>letter from your local organization</b> confirming current status with this application form. <b>Discount only applies to Regular Camp Session.</b>  <sup>^</sup> Special Needs rate <b>required</b> for Campers with <b>10 or more medications.</b>
Young Adult Camp Session	\$1,010*	\$1,055 <sup>^</sup>	
Youth Residential Week Session	\$1,055		
Youth Day Camp Session	\$650		

Will the camper be using funds available through the Individual and Family Support (IFS) Wavier?  Yes  No

If yes, please be sure to provide the name and number of the DDS Case Manager on page 1.

Camper registration **WILL NOT** be confirmed until a VSA (Vendor Service Authorization) is submitted by the Case Manager.

**THIRD PARTY PAYMENT:** If an agency (e.g. DDS, DSS, School System, etc.) will be paying the camp fees, the **SECTION BELOW MUST BE FILLED OUT**. A **commitment to pay** must be received **in writing** before we can register a camper. In event of non-payment, all fees become the camper's responsibility. If the balance is not paid by **9/1/2017**, additional monthly fees may be incurred.

Name of Agency:	Contact Person:
Address:	
Amount agency will be paying	\$
Phone:	

### Refund Policy:

No refund of camp fees will be made in connection with the following circumstances: failure to attend scheduled session, late cancellations, late arrivals, early withdrawals or dismissal due to misconduct.

An exception to this policy will be made to campers who are unable to attend due to physical illness or injury. The camper must produce documentation from a physician or nurse certifying that he or she was unable to participate in camp activities. Campers who arrive late or leave early due to injury or illness will receive pro-rata refunds only. Homesickness is not considered as a basis for a refund.

**Each Fee contains a non-refundable \$150.00 administrative charge**

**Please complete the Skills & Behavior Checklists in the application literature provided.**

# Camper Application Camp Harkness 2017

Registration for Camp Sessions		
1. Please check which program the camper needs. <i>A description of each program is listed on the page 2</i>	<input type="checkbox"/> Adult (30+) <input type="checkbox"/> Youth Res (8-17)	<input type="checkbox"/> Young Adult (18-30) <input type="checkbox"/> Youth Day (8-17)
2. How many TOTAL sessions would you like (one or two)? Young adults (aged 18-30) should register for Session 5. Youth campers (aged 8-17) may only register for sessions 6 and/or 7.	<b>Camper will attend:</b> <input type="checkbox"/> 1 Session <input type="checkbox"/> 2 Sessions	
3. Review the session dates below. Decide which session(s) camper would like to attend. Adult campers may register for two sessions at any time.		
4. Please select the preferences for the camper's <b>FIRST</b> Session.	<b>First</b> Session Number <i>(first choice)</i>	
<i>If this first choice session is unavailable, what is the camper's second choice?</i>	<b>First</b> Session Number <i>(second choice)</i>	
5. Fill out this section <b>ONLY</b> if camper wants to attend <b>TWO</b> sessions Please select the preferences for the camper's <b>SECOND</b> Session.	<b>Second</b> Session Number <i>(first choice)</i>	
<i>If this first choice session is unavailable, what is the camper's second choice?</i>	<b>Second</b> Session Number <i>(second choice)</i>	
Your selections are not guaranteed. You will be notified of your assigned session(s) through a confirmation letter.		
Campers may attend consecutive sessions. Campers <b>MUST</b> be picked up <b>Friday at 1:00 pm</b> and may return to camp on Sunday at 2:00 pm. <b>NO WEEKEND COVERAGE IS PROVIDED!</b>		
How would you like to receive the camp forms (Packet Information)?	<input type="checkbox"/> Mail	<input type="checkbox"/> Download

2017 Camp Session Dates	
Session #	Dates
Session 1 (One Week)	<b>Begins:</b> Sunday, June 25 — 2:00 pm <b>Ends:</b> Friday, June 30 — <b>1:00 pm</b>
Session 2 (One Week)	<b>Begins:</b> Sunday, July 2 — 2:00 pm <b>Ends:</b> Friday July 7 — <b>1:00 pm</b>
Session 3 (One Week)	<b>Begins:</b> Sunday, July 9 — 2:00 pm <b>Ends:</b> Friday, July 14 — <b>1:00 pm</b>
Session 4 (One Week)	<b>Begins:</b> Sunday, July 16 — 2:00 pm <b>Ends:</b> Friday, July 21 — <b>1:00 pm</b>
Session 5 (One Week) <b>YOUNG ADULT</b> ages 18-30	<b>Begins:</b> Sunday, July 23 — 2:00 pm <b>Ends:</b> Friday, July 28 — <b>1:00 pm</b>
Session 6 (One Week) <b>YOUTH WEEK: Residential</b> ages 8-17	<b>Begins:</b> Sunday, July 30 — 2:00pm <b>Ends:</b> Friday, August 4 — <b>1:00 pm</b>
Session 7 (One Week) <b>YOUTH WEEK: Day Camp</b> ages 8-17	<b>Day Hours 8:00 am – 5:00pm</b> <b>Begins:</b> Monday 8/7: 7:30 am — 5:00pm <b>Tuesday 8/8 – Thursday 8/10:</b> 8:00 am – 5:00 pm <b>Ends:</b> Friday 8/11: 8:00 am — <b>1:00 pm</b>

# Camper Application Camp Harkness 2017

## Registration Procedure

1. **Prepare Deposit:** Please prepare a deposit in the amount of \$150.00 for EACH session requested.  
**Make checks payable to: The Arc New London County.** Be sure to provide appropriate documentation with this application if requesting the discounted rate for members of The Arc or using a Third Party Payment.
  2. **Submit Application:** Send the deposit, this completed application form and Skills & Behavior Checklists and Horseback Riding Registration\* (if applicable) to the following address:  

The Arc New London County  
c/o Jen Hickey  
125 Sachem Street  
Norwich, CT 06360

\*Horseback Riding forms due by April 15, 2017.
  3. **Complete & Submit Preliminary Screening Paperwork by May 1, 2017.**  
Full details about this process are in the cover letter under **Fall Risk Screen Form & IP Support Pages.**
  4. **Complete & Submit Camp Forms (Packet Information):**  
Upon receipt of your completed application and deposit, you will be mailed a confirmation letter. You will either download the forms from our website OR the forms will be mailed to you. (Be sure you checked your preference on page 3.)  
**Complete and submit all forms included in the packet BY JUNE 1, 2017!**
- Important Note on Medical Forms:**
- ◆ Each Camper is required to submit an updated physical annually. **The physical form must be signed by a physician in the state of Connecticut** and submitted to The Arc/NLC no later than **June 1, 2017**. We strongly suggest that you make **doctor appointments now** for late April and May 2017.
- In addition, ALL physicals and doctor's orders MUST be recorded on The Arc's forms. No other forms will be accepted!**
- ◆ Changes in medications made subsequent to submitting the registration packet must be updated with **written Doctor's Orders signed by a physician in the state of Connecticut** at least two weeks prior to the camper's arrival.
5. **Payment of Balances:**  
Please remit full payment no later than June 1, 2017. All balances MUST be paid in full to be admitted into camp at the beginning of the assigned session.
- If you have questions regarding this application, need additional forms, or would like further information regarding The Arc at Camp Harkness, please contact:
- Jen Sullivan Hickey, Camp Administrator**  
[jhickey@thearcnlc.org](mailto:jhickey@thearcnlc.org) (*preferred method of contact*)  
Tel: (860) 889-4435 x104 Fax: (888) 521-7458

## Enrollment Checklist

**Review the following checklist to ensure that the application is complete**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I have completed all the information on this Application Form including name, address and phone number of the camper and contact person.       |
| <input type="checkbox"/> | I have completed the Skills and Behavior Checklists and Horseback Riding Registration (if applicable) and returned them with this application. |
| <input type="checkbox"/> | I have included all Supporting Documents from DDS Individual Plan. ( <b>Applications missing documents will be returned</b> )                  |
| <input type="checkbox"/> | I have included IP.7 Provider Qualifications and Training Form and ALL copies of guidelines listed on IP.7                                     |
| <input type="checkbox"/> | I have selected a first choice and alternate choice of sessions for attendance.  |
| <input type="checkbox"/> | I have enclosed a deposit in the amount of \$150.00 for each week the camper will attend.  |
| <input type="checkbox"/> | I have submitted all preliminary screening paperwork with this application and will submit all other camp paperwork by <b>June 1, 2017</b> .   |

I have read and understand the information set forth in the preceding application form **including the refund policy:**

**Signature of Applicant or Representative**

**Date**

**Unsigned applications will not be accepted.** Please keep a copy for your records.

# Skills Checklist

(Please complete front AND back)

Camper Name:

<b>This form is used by camp staff to determine level of <u>supervision and assistance</u> provided at camp. Please be as <u>thorough and specific</u> as possible to ensure the health and safety of the camper.</b>			
Name of person completing form		Relationship to camper	
<b>Please check level of overall assistance camper requires while at camp.</b>	Significant → <input type="checkbox"/>	Minimal → <input type="checkbox"/>	Only with certain activities → <input type="checkbox"/>

<b>Self-Help Skills</b> Please place a checkmark in the appropriate column to describe the camper's ability in these areas.									
<b>Key — IND:</b> Independent <b>VP:</b> Verbal Prompting <b>HH:</b> Hand-Over-Hand <b>Total:</b> Total Assistance									
					Does Camper have dining guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please submit with application.</i>				
Activities of Daily Living	IND	VP	HH	TOTAL	Meal Instructions	IND	VP	HH	TOTAL
1. Uses the toilet appropriately					1. Uses fork				
2. Asks to go to the toilet					2. Uses spoon				
3. Washes hands and face					3. Uses knife for cutting				
4. Brushes teeth					4. Drinks from glass				
5. Maintains body cleanliness					<b>Food Consistency</b> (Please check one)				
6. Takes a shower					Whole → <input type="checkbox"/>	Chopped → <input type="checkbox"/>	Ground → <input type="checkbox"/>	Puree → <input type="checkbox"/>	
7. Shampoos hair					<b>Liquid Consistency</b> (Please check one)				
8. Can apply, change and dispose of sanitary napkin					Thin → <input type="checkbox"/>	Nectar* → <input type="checkbox"/>	Honey* → <input type="checkbox"/>	Pudding* → <input type="checkbox"/>	
9. Dresses self					<b>*Camper MUST bring own Thick-It® (4 little cans or 1 big can)</b>				
10. Can discriminate clean and dirty clothing					<b>Other Needs</b> <i>Please place a checkmark to indicate any difficulties related to the following areas.</i>				
11. Ties shoes					Sleepwalking → <input type="checkbox"/>	Incontinence → <input type="checkbox"/>	Bolting → <input type="checkbox"/>		
12. Can button and zipper					Nightmares → <input type="checkbox"/>	Wandering → <input type="checkbox"/>	Other Needs → <input type="checkbox"/>		

<b>Sleeping Pattern</b> *Campers <b>MUST</b> sleep from 10 pm – 7 am. <b>WE DO NOT PROVIDE AWAKE STAFF</b>			
1a. Camper's usual bedtime →		1b. Camper's usual wake time →	
2. Will this camper sleep through the night? →	YES    NO	3. Incontinent at Night? →	YES    NO

<b>Cabin Requests</b> (optional...not all requests will be granted)	
Please try to put these campers in the <b>same</b> cabin with this camper:	

# Skills Checklist

(Please complete front AND back)

Camper Name:

Please try to put these campers in a <b>different</b> cabin than this camper:	
---	--

<b>Adaptive Equipment</b>					
<i>Please check off any required special equipment used by camper. Camper should bring ALL necessary equipment to camp. (Shower chair/bench and bedrails are provided.)</i>					
Wheelchair →		Braces →		Hearing Aid →	
Walker →		Special Shoes →		Glasses →	Bedrail Pads (must bring own) →
Cane →		C-Pap Machine at Night →		Dishes →	Other (Specify) →
Crutches →		Briefs (size _____) →		Utensils →	
<i>Comments regarding checked items (please include any assistive technology including computers, talkers, picture books, etc.):</i>					
<b>Please note:</b> If checked items in the above section include <b>bedrails and/or pads</b> , they <b>MUST</b> appear in the adaptive equipment section on the <b>front side of the physical form</b> .					

<b>Mobility</b>						
<b>Does Camper have mobility guidelines?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please submit with application.</i>						
Can the camper walk? (Please circle answer)				Does the camper require lifting? (Please circle answer)		
	Independent	Yes	No	Stand and Pivot	Yes	No
	Physical Assistance needed	Yes	No	Two Person Lift	Yes	No
				Three Person Lift	Yes	No
<i>Comments:</i>						

<b>Please provide any other information pertinent to the overall assistance provided to the camper during the duration of the session. Please list any special hobbies and interests as well.</b>



# Behavior Checklist

*(Please complete front AND back)*

**Camper Name:**

**This form is used by camp staff to determine level of supervision and assistance provided at camp. Please be as thorough and specific as possible to ensure the health and safety of the camper.**

<i>Name of person completing form</i>	<i>Relationship to camper</i>
---------------------------------------	-------------------------------

**Does Camper have Behavior Support Plan?**  Yes  No *If yes, please submit with application.*

## Social Behavior

	Yes	No	Comments
1. Can occupy free time without constant supervision			
2. Interacts with others			
3. Interacts safely under group supervision (1:3 ratio)			
4. Feels secure in new situations			
5. Uses understandable speech			
6. Engages in conversation			
7. Expresses needs in sign language			
8. Respects the property of others			
9. Able to participate / tolerate large group activities (50-125 people)			
10. Appropriately expresses anger or frustration			
a. What makes camper angry or upset?			
b. How does camper express anger?			
c. What techniques / strategies work to help calm the camper?			

*The camper will be sleeping in a large common room in the cabin with other campers. Each camper will have his/her own bed. The counselors will be sleeping in a separate room in the cabin.*

**Does the camper have any current or past behaviors (even just once) which may be exhibited in this living environment? (i.e. taking other's property, inappropriate contact, etc.)**

Yes  No

*Please describe:*

# Behavior Checklist

(Please complete front AND back)

Camper Name:

Behavioral Concerns	
<p><i>Due to the recreational atmosphere at camp, <b>we cannot accommodate</b> many physical or aggressive behaviors at camp. To ensure the health and safety of all camp participants, <b>campers may be sent home even after one behavioral episode.</b> Please be as thorough and specific as possible in the following sections to help us plan appropriately.</i></p>	
<p><b>Does camper display physical aggressive behaviors?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Please fully describe behaviors, including methods used to redirect or stop behaviors:</i></p>	
<p><b>Does camper have a history of elopement or running away?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Please describe:</i></p>	
<p><b>Does camper display self-injurious behaviors?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Please fully describe behaviors, including methods used to redirect or stop behaviors:</i></p>	
<p><b>Has the camper been diagnosed with the onset of Dementia or Alzheimer's?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><i>Please describe:</i></p>	
<p><b>Additional Safety Concerns?</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Does Camper have safety guidelines?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please submit with application.</i></p>	
<p><i>Please describe:</i></p>	

# 2017 Horse Programs

(Please complete front AND back)

Camper Name:

**Dear Care Providers:**

The Arc New London County will continue to partner this summer with High Hopes to offer several horse programs at Camp Harkness. Campers have the opportunity to participate in two unique activities for an **additional cost** of \$50 per activity. Campers will work directly with the High Hopes and The Arc camp staff to participate in these activities. Interested campers must register for a camp session AND the desired horse activity by **April 15, 2017**. All horse related fees must be paid in full by this date to be enrolled in the activity.



**To register for a horse program:**

- Review the descriptions and participation requirements for the two programs.
- Indicate an activity the camper wishes to participate in this summer by **checking the box**. Campers may choose more than one activity, but **MUST** pay the \$50 fee for EACH activity.
- Complete the Consent and Release form on the **back** of this registration form. Incomplete and unsigned forms will be returned and enrollment will be delayed.
- Return this form with the Camper Application by **April 15, 2017**.



<b>Session 1</b>	<input style="width: 30px; height: 30px; background-color: yellow; border: 1px solid red;" type="checkbox"/> <b>Therapeutic Horseback Riding</b>	<input style="width: 30px; height: 30px; background-color: yellow; border: 1px solid red;" type="checkbox"/> <b>Horse-drawn Carriage Driving</b>
<b>Session 2</b> <i>(if attending camp a 2<sup>nd</sup> week)</i>	<input style="width: 30px; height: 30px; background-color: yellow; border: 1px solid red;" type="checkbox"/> <b>Therapeutic Horseback Riding</b>	<input style="width: 30px; height: 30px; background-color: yellow; border: 1px solid red;" type="checkbox"/> <b>Horse-drawn Carriage Driving</b>
<ul style="list-style-type: none"> <li>• Warm-up exercises</li> <li>• Skill development</li> <li>• Trail ride around camp grounds</li> <li>• Side walkers provide support as needed</li> </ul>		<ul style="list-style-type: none"> <li>• Control the reins of the carriage with support from staff</li> <li>• Stability offered by the driver's seat</li> <li>• Trail ride around camp grounds</li> </ul>
<p style="text-align: center;"><b>Riding Participation Criteria:</b></p> <ul style="list-style-type: none"> <li>• Weigh less than <b>180 lbs.</b></li> <li>• Sit symmetrically upright with legs astride the horse</li> <li>• Maintain head and neck position</li> <li>• Can tolerate a riding helmet</li> <li>• Accommodate the movement of a horse without pain</li> <li>• Adequate range of motion in hips to sit astride</li> <li>• Safety awareness around animals</li> <li>• Ability to express pain or discomfort</li> <li>• Display appropriate behavior that is safe for self, horses and others</li> </ul>		<p style="text-align: center;"><b>Carriage Driving Participation Criteria:</b></p> <ul style="list-style-type: none"> <li>• Safety awareness around animals with support from staff</li> <li>• Ability to express pain or discomfort</li> <li>• Display appropriate behavior that is safe for self, horses and others</li> </ul>

**Please indicate # of activities per session:**

→ 1 (\$50)     → 2 (\$100)

**Consent & Release Form**



**high hopes**  
TEACHING, LEARNING, GROWING.

# 2017 Horse Programs

*(Please complete front AND back)*

**Camper Name:** \_\_\_\_\_

1 <sup>st</sup> Emergency Contact Name	Relation:	
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )
2 <sup>nd</sup> Emergency Contact Name	Relation:	
Home Phone: ( )	Cell Phone: ( )	Work Phone: ( )

In the event that 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 HIGH HOPES THERAPEUTIC RIDING, INC. 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.

**Medical Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. **This provision will only be invoked if the person(s) listed cannot be reached.**

**Guardian/Self Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photo & Publicity Release (choose one)**

\_\_\_\_\_ I **do** hereby consent and authorize \_\_\_\_\_ I **do not** consent to, nor do I authorize

1) High Hopes Therapeutic Riding, Inc. to use my(my child's) photograph or image in its print, online and video publications; 2) release High Hopes Therapeutic Riding, Inc., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me(my camper).

**Guardian/Self Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Liability Release** The above named camper would like to participate in the High Hopes Therapeutic Riding, Inc. Program. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my camper are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against High Hopes Therapeutic Riding, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my camper may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

**Guardian/Self Signature** \_\_\_\_\_ **Date** \_\_\_\_\_