

OLD WEST SPECIAL TRAILS, INC.

Changing Children's Lives, One Ride at a Time

12280 Macon Road, Collierville, TN 38017

901-490-5555

www.oldwestspecialtrails.org

Date of Camp _____

Have You Ever Attended a camp at Old West Special Trails, Inc.? Yes No

Child's Full Name _____

Nickname _____ Child's Age _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Name of Parent or Guardian _____

Email Address _____

Mom's Name _____ **Dad's Name** _____

Parent's Phone Numbers

Mom's Work _____ Dad's Work _____

Mom's Cell _____ Dad's Cell _____

Emergency Contact Person _____

Phone Numbers _____

Children are required to wear helmets when riding.

(Parent or Guardian's Signature)

My child may be picked up by _____

Parent or Guardian's Signature _____

Date _____

Tee Shirt Size

____ Youth Small	____ Adult Small
____ Youth Medium	____ Adult Medium
____ Youth Large	____ Adult Large
	____ Adult X-Large

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Medical Authorization

Child's Name _____

Child's Birth Date _____

Address _____

Home Phone # _____ Cell Phone # _____

It is important to have specific medical information so an emergency situation can be handled appropriately. Please complete the following information and submit any additional information that applies to your child.

Known Allergies _____

Current Medications _____

Does your child have any health history or current medical problems that we or an attending physician should be aware of?

_____ No, my child has no known medical conditions.

_____ Yes. Please explain:

Hospital preference _____

Pediatrician _____ Pediatrician's Phone# _____

Insurance Provider _____

ID # _____

Name on Policy _____

I give Old West Special Trails, Inc. permission to treat my child in an emergency situation.

Parent or Guardian Signature _____

Date _____

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Release and Hold Harmless Agreement

Whereas, the undersigned desires to participate in equine activities at Old West Special Trails, Inc. and fully understands and agrees that in participating in horseback riding lessons and activities, and while working as a volunteer or as an employee, there is the possibility of accidental or other physical injury, property damage or loss. Therefore, for good consideration, the undersigned agrees to assume full responsibility for risk of such injury and hereby releases, discharges and acquits Old West Special Trails, Inc., Danny and Debbie Cooley, Bill and Brenda Simmons and any landowners, instructors, volunteers, employees or owners of horses, and financial contributors, all individually and in all capacities which they may hold, their heirs, successors, assigns and personal representatives from any personal injury, property damage, or loss of any kind arising from any act or occurrence surrounding and or connected with Old West Special Trails, Inc.

Warning: Under Tennessee law an equine professional is not liable for any injury or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Tennessee code Annotated, Title 44, Chapter 20. (Acts 1992, ch. 974, s6)

Student's Name

Parent's Signature

Date

Phone Number