

# 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](http://www.oldwestspecialtrails.org)

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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**

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## Field Trip Permission Form

I hereby understand that students enrolled at Old West Special Trails will, from time to time take trips to sites off campus, including but not limited to, swimming facilities during the summer months.

Debbie Cooley will be responsible for planning the trips, making necessary arrangements for the site(s) to be visited and securing transportation for students while on the field trips.

Students will usually be transported by parent volunteers, using their own automobiles. Parents Choosing to drive students on field trips must have a valid driver's license and a valid and effective automobile insurance card, as required by law, and agree that all children in their vehicle will be restrained with working seatbelts.

Parents expressly assume all risk to their child from participating in the field trip, whether such risks are known or unknown at this time. Parent hereby remise, release and forever discharge Old West Special Trails, its directors, employees and agents of and from any and all liabilities, actions, claims and demands, which claimant now has or may hereafter have on account of or arising out of any accident, sickness, death, property damage, expense, and/or event which might happen as a result of participation in the field trip.

**Please check the box, sign and return to Old West.**

- My child has my permission to participate in all class field trips.  
 My child also may ride with a parent volunteer.

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Parent's Name**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**