



Eos Therapeutic Riding Center

288 Dahl Road, Bloomsburg, PA 17815
eostrc@gmail.com 570-784-5445 eostrc.org

2022 Pony Camps Registration

Please note that these camps are not intended for persons with disabilities.

Camp Requested: Ages 5-11, July 11-15 Ages 12-17, July 18-22

Pony Camp Rider _____ Birthday _____

Contact Person _____ Phone Contact _____

Address _____ e-mail _____

City _____ State _____ Zip Code _____

Height _____ Weight _____

Pony Camp Fee: \$375.00 **Deposit \$100.00** to be included with this form due by June 30, 2022 Check # _____ Please make check out to **Eos Therapeutic Riding Center**

Note: Pony Camp Balance due the first day of camp.

Do you have any health concerns we need to be aware of? Yes ___ No ___

If yes, please explain:

In Case of Emergency Contact

Name _____ Phone _____

Name _____ Phone _____

Please choose one of the follow emergency consent options.

Consent Plan

In the event emergency aid or treatment is required due to illness or injury during the process of receiving services, or while at the center, I authorize Eos Therapeutic Riding Center to: 1. secure and retain medical treatment and transportation if needed; 2. release rider records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by a physician. This provision will be invoked if the person listed below is unable to be reached.

Date _____ Consent Signature _____

Phone _____ Printed Name _____

Alternate Contact _____ Phone _____

Preferred Medical Facility _____ Physician's Name _____

Medical Record Number _____ Health Insurance Co _____ Policy# _____

Non Consent Plan

I do not give my consent for emergency medical treatment or aid in case of illness or injury during the process of receiving services, or while at the center. In the event of an emergency treatment or aid is required, I wish the following procedures to be placed:

Call _____
Date _____ Non - Consent Signature _____
Phone _____ Printed Name _____
Address _____ City _____ State _____ Zip Code _____

Warning - You assume the risk of Equine Activities pursuant to Pennsylvania Law.

Liability Release

The above named rider would like to participate in The Eos Therapeutic Riding Center Pony Camp. I acknowledge the risks and potential for risks of horseback riding, However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Eos Therapeutic Riding Center, its Board of Directors, instructors, aids, volunteers, and/or employees for any and all injuries and/or losses that may sustain while participating in Pony Camp.

Date: _____ Signature _____

Photo Release

I hereby consent do not consent to and authorize the use and reproduction by Eos Therapeutic Riding Center of any and all photographs and any other audio vision materials taken of me for the promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature _____