



Horsemanship Lessons - Permission to Participate and Release of Liability

PLEASE READ THE FOLLOWING CAREFULLY

Release/Participation: I or my child is the "participant." I agree to or give permission for participant to engage in Warm Beach Camp & Conference Center ("Warm Beach Camp") horsemanship lessons, including riding, vaulting, therapeutic, and horse assisted learning (ground-based horsemanship), including transportation. While at Warm Beach Camp, I agree to comply with all Warm Beach Camp policies, guidelines, signage, and instructions. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending Warm Beach Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. While Warm Beach Camp will provide for adequate and reasonable participant safety, I understand that accidents can sometimes happen.

Therefore, in exchange for Warm Beach Camp allowing participant to engage in camp activities, I understand and expressly acknowledge that I release Warm Beach Camp, its employees, board of directors, volunteers, or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Warm Beach Camp activities whether on or off Warm Beach Camp's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of Warm Beach Camp, its employees, board of directors, volunteers, or guests whether related to an incident or a COVID-19 infection that occurs before, during, or after participation in any Warm Beach Camp program or activity.

Inherent Risks/Assumption of Risks: I acknowledge that: Horseback riding and vaulting is classified as "Rugged Adventure Recreational Sport Activity" and that risks, conditions, and dangers are inherent in (meaning integral part of) horse/animal activity regardless of all feasible safety measures which can be taken and I agree to assume them on behalf of participant. I acknowledge that regardless of any reasonable safety measures, training, and performance record that horses may react unpredictably to their environment. Even when all feasible safety measures are being taken, I understand that accidents with horses may happen resulting in injury, harm, or even death. I am not relying upon Warm Beach Camp to list all possible risks. Furthermore, I understand that under Washington State law, an equine (horse) activity sponsor or equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities.

(Rev. Code Washington (ARCW) s 4.24.530) (1994).

Consent for Medical Treatment: I give permission for the Warm Beach Camp staff to treat participant up to the level of their training. I give permission to emergency medical services, such as North County Fire and Rescue District 14 to provide emergency medical treatment and to transport to an emergency center for treatment. I understand that this emergency care may require the physician to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the participant named on this form. I understand that every effort will be made to notify the parent or guardian of a minor age participant when medical attention is required at a hospital or clinic.

Insurance: I understand that Warm Beach Camp does not provide any primary accident or health insurance for participants and further understand it is my responsibility to provide such coverage.

Insurance Provider: _____

Property Loss: Warm Beach Camp is not responsible for personal property lost, damaged or stolen while using Warm Beach Camp facilities, including parking lots, or participating in Warm Beach Camp programs.

Photograph Permission: I give permission for Warm Beach Camp to use, without limitations or obligation, photographs, film footage or tape recordings which may include participants image, voice, or artwork for the purposes of promoting or interpreting Warm Beach Camp's programs.

IF YOU HAVE ANY QUESTIONS, HAVE THEM ANSWERED BEFORE SIGNING THIS DOCUMENT.

Date: _____ Participant Name: _____

Parent/Guardian Name (for minor age participants): _____

Signature: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone: _____