

# CSU Summer Horsemanship Camp Forms

Please fill out the following forms and return to:

**cassidy.perricone@colostate.edu**

OR

**CSU Equine Sciences  
Attn: Cassidy Perricone  
735 S. Overland Trail  
Fort Collins, CO 80523-1679**

All forms are required EXCEPT the Premise Authorization, which is only for campers who are bringing their own horses.

*These forms are due **before** the first day of camp.*

Thank you!

**WAIVER OF LIABILITY, ASSUMPTION OF RISK, COVENANT NOT TO SUE AND HOLD HARMLESS AGREEMENT**

Colorado State University - Equine Science Program

IN CONSIDERATION of your participation in any equine activity planned, hosted, or sponsored by, or held at Colorado State University, I, \_\_\_\_\_, hereby RELEASE, WAIVE, DISCHARGE & COVENANT NOT TO SUE Colorado State University, the Board of Governors of the Colorado State University System, the State of Colorado, their officers, servants, agents, or employees hereinafter referred to as RELEASEES, from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, however caused, while participating in said Program, or while in, or upon any premises where said Program is being conducted.

I am fully aware of that there are inherent risks of equine activities, including, but not limited to the propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them; the unpredictability of the animal's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals or objects; the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. Additionally, I acknowledge that I have been asked by and have provided information to the host and sponsor of the equine activities of my ability to engage safely in equine activities and to determine my ability to manage animals that I may be engaged.

I have a full understanding that the Colorado Governmental Immunity Act limits the tort liability of public entities and employees acting in the course of authorized governmental undertakings. I understand that Colorado State University, through the state's self-insurance statute, provides only very limited and very restricted insurance coverage. I understand that such self-insurance may not at all provide coverage to me for any injury, loss or damage suffered while participating in said Program. I hereby elect to voluntarily participate in said Program, and to enter the above-named premises and engage in such activity, knowing that the activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, a result of being engaged in such activity, however caused. I understand and agree that the Releasees have permission to authorize emergency medical treatment for me if I am injured and appear to be unable to arrange for and authorize such treatment myself. Furthermore, the Releasees assume no responsibility for any loss, damage, injury or death that might arise out of or in connection with such authorized emergency medical treatment. Moreover, I agree that I have no health-related reasons or problems that would preclude or restrict participation of this activity and that I have adequate health insurance necessary to provide for and pay any medical costs that may be incurred as result of injury.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorneys' fees, that they may incur due to my participation in said activity. It is my express intent that this Release and Hold Harmless agreement shall bind the members of my family and spouse, if any, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless agreement shall be considered in accordance with the laws of the State of Colorado.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless agreement, understand it and design it voluntarily as my own free act and deed; no oral representation, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

**WARNING**  
**UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES**

THIS IS A RELEASE OF LEGAL RIGHTS AND A LEGALLY BINDING DOCUMENT. READ BEFORE SIGNING AND OBTAIN INDEPENDENT LEGAL COUNCEL IF DESIRED.

IN WITNESS WHEREOF, I have hereunto set my hand on this \_\_\_\_ day of \_\_\_\_\_, 201 \_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant

# STANDARDS OF CONDUCT

In order to offer all equine camp participants the most beneficial, educational and enjoyable experience, we require that **ALL** campers observe the following minimum standards of conduct:

- Attendance at all lessons and activities is mandatory.
- **NO** alcoholic beverages or drugs.
- **NO** medications are to be used unless prescribed by a physician. Parents must note any prescriptions their child is taking on the Health Form, even if the child is responsible for the medication.
- Campers must be respectful of camp counselors and instructors.
- Curfew is set at 9:00 pm (lights out at 10:00 pm) and must be followed by all campers.
- Campers may not leave campus without prior written permission from their parents and authorization from their counselor. Curfew **must** be observed.
- Campers and parents are financially responsible for any damages done by the camper to the facilities of Colorado State University and for lost key charges.
- Obscene/bad language or indecent behavior will not be tolerated.

If violations do occur, parents will be notified **IMMEDIATELY**. A camper who does not abide by the above standards and guidelines will be sent home **IMMEDIATELY**. If a camper is to be sent home, the parent or guardian will be responsible for checking him/her out of camp. CSU Equine Sciences reserves the right to send home a camper if they feel the camper is negatively affecting the rest of the camp participants.

Camper **and** parent/guardian, please sign below to indicate your understanding of these Standards of Conduct.

\_\_\_\_\_ Date \_\_\_\_\_  
Camper's signature

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's signature

## HEALTH INFORMATION

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Daily Medications (name & dosage): \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic illness/medical condition(s) - *may require physician's permission*: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Vaccination (mo/yr): \_\_\_\_\_

Psychiatric treatment? \_\_\_\_\_ Date of occurrence: \_\_\_\_\_

Additional health information we should be aware of: \_\_\_\_\_

\_\_\_\_\_

In the event of an accident to illness while attending the Summer Horsemanship Camp, I give my permission for my child to be treated at Colorado State University Health Center, Poudre Valley Hospital, or by a private physician, emergency medical technician, or a dentist. I understand that a reasonable attempt will be made to contact me immediately and prior to treatment. I will be responsible for any incurred expenses.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# AUTHORIZATION TO JUMP

## Attention parents/guardians of English campers:

The afternoon riding lesson for intermediate and advanced English campers is often a jumping lesson. Our jumps typically range from trotting poles on the ground (for the beginning jumper) to three feet in height (for the more advanced jumper). Jump courses are chosen for campers based on ability. Please sign below to indicate whether you give your permission for your child to participate in the jumping lesson. If permission is granted, please answer the questions to indicate how much jumping experience your child currently has. If you do not give permission or this form is not returned, your son/daughter will not be allowed to participate in the jumping lesson and will join another lesson group during the afternoon.

### I give my permission for my son/daughter to participate in the jumping lesson.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Has your son/daughter ever jumped? \_\_\_\_\_

If yes, how high? \_\_\_\_\_

If bringing a horse, has the horse ever jumped? \_\_\_\_\_

If yes, how high? \_\_\_\_\_

### I *do not* give my permission for my son/daughter to participate in the jumping lesson.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# LOST KEY DEPOSIT AGREEMENT

I agree to provide a check or credit card information as security for a \$60.00 key deposit to the CSU Summer Horsemanship Camp. Upon the return of the room key at the end of camp the \$60 deposit will be returned to me. In the event that my child, \_\_\_\_\_, loses his/her dormitory room key and needs a replacement during camp, I will forego the key deposit to CSU.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Please include:

- Check made payable to CSU for the amount of \$60.00
- Upon return of my child's dorm room key, please:
  - \_\_\_ Shred check included with this form
  - \_\_\_ Mail check back to me at address listed on registration form

\*\*Include this form and payment with other camp materials sent to the CSU Summer Horsemanship Camp office.



University Relations Photo/Video Release

I give permission for publication of photos and video taken of my child while at the Colorado State University Equine Sciences Summer Horsemanship Camp. I understand that I will not be paid any royalty or other compensation; and I give up any right I may have to payment if my photo or video is published.

Name of Child (print): \_\_\_\_\_

Name of Parent (print): \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please return form to:  
Cassidy Perricone  
Equine Sciences  
Summer Horsemanship Camp  
735 S. Overland Trail  
Fort Collins, CO 80523

## ON-PREMISE HORSE AUTHORIZATION

Privately owned horses used or stabled on the Equine Teaching and Research Center facility are the primary responsibility of the owner. This includes all management aspects of feeding and general care. In the event the need for veterinary care arises, in the absence of the owner, the Colorado State University Veterinary Teaching Hospital is authorized to perform whatever medical and surgical procedures are required for diagnosis and treatment of the owner's horse. The owner, when available, may contact the attending veterinarian/technician to make decisions regarding continuation or termination of treatment.

It is understood that the owner is financially responsible to the Colorado State University Veterinary Teaching Hospital for all applicable charges related to the owner's horse.

Colorado State University, the Equine Teaching and Research Center, or the Colorado State University Veterinary Teaching Hospital will not be held liable for any accident or injury to the owner's horse while on the premise or as a result of having been on the premise.

I have read and understand the above statements.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Horse

\_\_\_\_\_  
Breed

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Owner's Agent (*if applicable*)



Group Name: \_\_\_\_\_ Date of Program: \_\_\_\_\_

COLORADO STATE UNIVERSITY  
CAMPUS RECREATION

**VOLUNTARY PARTICIPATION, ACKNOWLEDGMENT AND ASSUMPTION OF RISK,  
WAIVER OF LIABILITY AND MEDICAL RELEASE**

READ THIS IMPORTANT LEGAL DOCUMENT COMPLETELY. BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THIS DOCUMENT CAREFULLY AND IN FULL, THAT I AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS RELEASE OF MY OWN FREE WILL.

**Participant Name:** \_\_\_\_\_ **CSU ID #:** \_\_\_\_\_ (if applicable)

**Date of Birth:** \_\_\_\_\_ *(NOTE: Signature panel at the bottom of next pg.)*

In consideration of the Board of Governors of the Colorado State University System, acting by and through Colorado State University, its directors, officers, agents, employees, volunteers, representatives and any other persons or entities acting on their behalf ("Colorado State University") allowing me to participate in the Colorado State University Campus Recreation programs, and all related events and activities (the "Program"), I do voluntarily and willingly acknowledge and enter into the following agreement ("Release").

I am exercising my own free choice to participate voluntarily in the Program and I promise to take due care during such participation. I hereby release, discharge, waive, indemnify and hold harmless Colorado State University, and any successors and assigns, for any and all claims and demands of any kind that arise from or relate to my participation in the Program. I acknowledge and understand that this Release releases and discharges Colorado State University from any and all liability and claims, including but not limited to any liability or claim by me or anyone else with respect to any bodily injury, personal injury, illness, death, property damage, or economic damage of any kind that may result from my participation, whether caused by me, a third party, the negligence of Colorado State University, or otherwise.

In choosing to participate in the Program, I understand that I will have the opportunity to engage in many activities, potentially including but not limited to use of, or participation in, the following: Rec Center facilities and equipment; Climbing Wall; Challenge Course; Aquatics; Weight Lifting and Weight Training; Cardio; Intramural and Club Sports, such as basketball, soccer, volleyball, football, and softball; Racquet Sports, such as tennis and racquetball; Running; Stretching; Group Activity and Fitness Classes, such as kickboxing, Zumba, step, yoga, cardio, spin/cycling and martial arts; Fitness and Exercise Programs, including training, instruction, and Personal Training; and Outdoor Programs, such as rock climbing, hiking, backpacking, biking, mountain biking, fishing, kayaking, wilderness adventure, and winter sports (skiing, skating and snowboarding). I further understand that I am free to choose those activities that I most enjoy and that my physician and I deem are safe for my participation. I understand that there are some discomforts and risks associated with physical activity, such as muscle soreness, strains, and sprains, as well as cardiovascular problems including abnormalities of blood pressure or heart rate, ineffective heart function, and, possibly heart attack or cardiac arrest and death. I understand that I should report promptly to my physician any signs or symptoms indicating any injury, abnormality or distress.

I acknowledge and understand that there are known and unknown hazards involved in my participation in the Program, including, but not limited to, pulled/strained muscles, dislocations, amputations, injuries or damages to head, teeth, joints and ligaments, cuts and bruises, concussions, sprains, broken bones, paralysis, exposure to outdoor elements, damage that can result from increased heart rate including heart attack or stroke, drowning, and death, as well as property or other damage. I also understand that the hazards described herein are only a partial list of the risks and hazards and that other hazards may be involved that have not been identified in this document or otherwise disclosed, and I fully assume those hazards as well. By signing this Release and choosing to participate in

the Program, I expressly and knowingly assume the risks of the hazards described herein, and any other known or unknown hazards involved in participating in the Program, and waive all claims against Colorado State University. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the Program. (continued on next page)

I declare that I am currently in good health and have not been diagnosed with a medical condition and/or heart condition that would disqualify me from participating in the Program. I understand that medical services or facilities may not be readily available during the Program. In the event of an emergency, I hereby authorize, consent and give my permission to Colorado State University to obtain medical treatment for me at the nearest hospital, medical facility, or doctor, at my sole expense. I further authorize appropriate Colorado State University personnel to treat any injury or illness as they think best for my welfare, if necessary.

If I use my private motor vehicle to transport myself, fellow students, and/or any other persons to and from any Program, I hereby agree to have insurance coverage for my vehicle and any passengers as required by law, and I hereby certify that I presently have a policy of vehicle insurance providing at least, and as a minimum, coverage levels required by applicable law. **FOR OFF CAMPUS PROGRAM USE ONLY (IM programs, Outdoor Trips, Sport Club travel, etc.):** I am aware that I can purchase accident insurance through Colorado State University and (check one)  **have** or  **have not** exercised my right to do so. I (check one)  **do** or  **do not** carry adequate accident and/or liability insurance from a source other than Colorado State University. The name of my insurance carrier is \_\_\_\_\_.

I understand that this Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law, and that if any portion of this Release is declared invalid, for whatever reason, the remaining portions shall continue to be valid and legally binding. I affirm that we have read the terms and provisions of the Release prior to its execution and that I have had the opportunity to consult with whomever I wish, including an attorney, and that Colorado State University has made no representation, statement or inducement, directly or indirectly, on which I rely, and that this Release contains the entire agreement between Colorado State University and me. I agree that this Release shall be governed by the laws of the State of Colorado, without regard to any conflict of law provisions. I fully understand and acknowledge that Colorado State University has never expressly or impliedly assumed any responsibility for my participation in the Program. On my own free will, I hereby personally assume all risks in connection with participation in the Program or any other activity connected therewith. This Release shall be binding upon me, my spouse, my children, my heirs, administrators, personal representatives and assigns, forever.

Read and acknowledged this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Participant: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_

*(NOTE: If participant is under the age of 18, his or her parent or legal guardian must also sign this document.)*

I, (*print name*) \_\_\_\_\_, certify that I am the parent/legal guardian of the participant who has signed above, and that I am authorized to consent for the student. I have read and understand the provisions of this document. I agree and consent to the individual participating in the Event, and I fully enter into and agree to this Release, individually and on behalf of the participant.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_