



Hope Springs  
*Experience the wonder!*

## Hope Springs Horse Camps

### Registration Form

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_ School District: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent Email: \_\_\_\_\_

Would you like to be added to our email list to receive promotions, newsletters, etc.? Yes / No

Parent's Name(s): \_\_\_\_\_ Home/Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Persons authorized to pick up child (in addition to parents and emergency contact):

Name: \_\_\_\_\_ Home/Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Concerns/Allergies: \_\_\_\_\_ Physical or Cognitive Disability: \_\_\_\_\_

Does the camper have experience riding? Yes / No

Please indicate the camp date(s) that this child would like to attend: \_\_\_\_\_

For sign-up instructions and dates, visit [www.hope-springs.org/camps](http://www.hope-springs.org/camps) or mail [camps@hope-springs.org](mailto:camps@hope-springs.org)

COST: \$80 per Holiday or Saturday Camp Day; \$400 per Summer Camp Week

25% deposit reserves spot. Register early as we only take a limited number of campers per session. Deposits can be paid by mailing a check with this form. Deadline for registration is one week prior to camp start. Our staff reviews each Sign-Up Form and will contact you to CONFIRM that your child has been registered for camp(s). **Reserved date(s) are NOT confirmed until you are contacted by Hope Springs.** Once a reservation has been confirmed, deposits are NON-REFUNDABLE. The remaining 75% balance due must be paid by check or cash on or before the first morning of camp. *Release of Liability Form (attached) must also be completed prior to camp start.*

**Make checks payable to: "HOPE SPRINGS EQUESTRIAN THERAPY." Deposit must be mailed with this form to: Hope Springs Equestrian Therapy, P.O. Box 156, Chester Springs, PA 19425**

QUESTIONS? Don't hesitate to give us a call at 610-827-0931 or email [camps@hope-springs.org](mailto:camps@hope-springs.org)

#### Hope Springs Office Use Only:

Deposit      Date Received: \_\_\_\_\_ Method: Online or Check # \_\_\_\_\_ or Other: \_\_\_\_\_ Initials: \_\_\_\_\_

Payment in Full      Date Received: \_\_\_\_\_ Method: \_\_\_\_\_ Check # \_\_\_\_\_ or Other: \_\_\_\_\_ Initials: \_\_\_\_\_

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### Release, Waiver of Claims and Indemnity

#### Participant or Parent / Legal Guardian on Behalf of Minor Child

***Under the Pennsylvania Equine Activity Liability Act, each participant who engages in horseback riding or other equine activities expressly assumes the risk of engaging in said activities and assumes legal responsibility for injury, loss, or damage to person or property resulting from said equine activities.***

In consideration for being allowed to participate, I, for myself and as parent, guardian or other authorized representative of my child/children or other dependent(s), hereby release Hope Springs Equestrian Therapy, Inc., ["Hope Springs"], and its owners, officers, trustees, directors, employees, affiliates and agents [including Hellzapoppin Farm, Ms. Melanie McCartney and any other of its owner(s)] [all hereafter in this paragraph collectively "Released Parties"], from any and all claims, demands, liabilities and/or damages, known or unknown, arising from or relating to my involvement, or the involvement of my child/children or other dependent(s), in equine and/or other Hope Springs activities [including Horse Camps], and waive any claims respecting same. I also agree to indemnify, defend and hold the Released Parties harmless from any claims or demands arising from my or my child/children's or other dependent's participation in equine or other Hope Springs activities, including Horse Camps. I understand that equine activities include, but are not limited to, horse care, training, teaching, riding instruction, therapeutic riding, shows, fairs, parades, competitions or performances which involve horses. I am aware and understand that horses are unpredictable in nature and for myself, and my child/children and other dependent(s), I knowingly and voluntarily assume all risks and dangers involved in equine and other Hope Springs activities, including accepting personal responsibility for all possible injury, permanent disability or death to me and/or my child/children and other dependent(s).

#### I UNDERSTAND THE ABOVE PROVISIONS AND VOLUNTARILY SIGN BELOW:

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Participant, Both Parents or Guardian (If under 18, must be signed by parents or guardian)*

Print Name \_\_\_\_\_

If signing as a parent or guardian, print name(s) of participant(s) here: \_\_\_\_\_

#### Consent for Publicity

I hereby (check one): Do Not Authorize \_\_\_\_\_; Authorize \_\_\_\_\_  
Hope Springs to use and copy, without fee, any and all audio and/or visual material taken of me/my child/children/other dependent(s) respecting Hope Springs activities and/or events for Hope Springs' promotional materials, which may include but is not necessarily limited to Hope Springs brochures, press releases, newsletters, exhibits and website postings. I understand that persons viewing such materials may understand that I or my child/children/dependent(s) are involved with therapeutic, and potentially medically related, activities. I agree, for myself and for my child/children/other dependent(s), that the use of such materials shall not breach any confidences and I, for myself and for my child/children/other dependent(s), waive any claims respecting same.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Participant, Both Parents or Guardian (If under 18, must be signed by parents or guardian)*

**Consent for Policy:** Participant/Parent(s)/Guardian also acknowledge and consent to the HSET Policy Statements, copies of which are either provided herewith or available upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Participant, Both Parents or Guardian (If under 18, must be signed by parents or guardian)*

Hope Springs Equestrian Therapy \* 610.827.0931 \* [www.hope-springs.org](http://www.hope-springs.org)

MAILING: P.O. Box 156, Chester Springs, PA 19425

BARN: 2434 Malehorn Rd, Chester Springs, PA 19425

*Hope Springs is tax-exempt under Section 501c (3) of the Internal Revenue Code, and a member of the Pennsylvania Association of Nonprofit Organizations.*

*Updated: October 2024*