

**CAMP ADAHI HORSE RESERVATION
Parental Permission and Agreement**

One form per rider must be given to instructor at time of participation

I, _____ give permission for my child _____
to participate in a horseback riding activity at Camp Adahi. This activity will be taught by a trained instructor.

I understand that the activity of riding or working with horses involves numerous risks of injury including loss of control, collisions or obstacles. I understand that an animal, irrespective of its training, and usual past behaviors and characteristics, may act or react unpredictably at times, based upon instinct or fright. This is an inherent risk to be assumed by each participant in the activity. I agree to assume the risk of injury or death caused by participation in a horseback riding activity at Camp Adahi.

My child is in good health and good physical condition and has no health or allergic conditions that organizers should be aware of, except as listed below:

I am aware that the Girl Scout Council of the Southern Appalachians and the Girl Scouts of the USA make films and photographs at activities such as this event. They may may not use pictures of my child and/or audio recordings of his/her voice.

In the event of an emergency, my child may may not be treated by any doctor on duty at a clinic or hospital near the activity site. If I cannot be reached in an emergency at the place(s) and telephone number(s) indicated on the registration form, the following person is authorized to act on my behalf:

Name _____ Address _____
Phone _____ Relationship _____

I have read the information supplied by the Girl Scout Council of the Southern Appalachians, and I have been given the opportunity to ask questions about the activities involved in this event. I recognize that accidents do occur and that certain risks and dangers exist in all activities. These risks include, among other things, loss or damage to personal property, injury or fatality due to participation in activities, accident or illness in remote places, and accidents while traveling to and from activity sites.

In consideration of my child’s attendance at this event, I assume all the risks inherent in my child attending this event and participating in the activities and release all claims, including negligence, arising out of this event and I hereby indemnify and hold harmless the Girl Scout Council of the Southern Appalachians, its successors and assigns, and agents and employees from any liabilities, actions, and claims, including negligence, arising from any accident or injury.

This contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians and my personal representatives.

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and enter into this contract in behalf of myself and/or my family of my own freewill.

By signing this release, I acknowledge that I have read the foregoing and understand its contents. (Signature of both parents required).

**THIS IS A RELEASE OF LIABILITY.
DO NOT SIGN THIS RELEASE IF YOU
DO NOT UNDERSTAND OR DO NOT
AGREE WITH ITS TERMS**

Signature of Parent or Guardian Date

Signature of Parent or Guradian Date

CAMP ADAHI HORSE RESERVATION

Agreement to Participate

One form per rider must be given to instructor at time of participation

I understand that my attitude and behavior are critical while participating in horseback riding, an activity of the Girl Scout Council of the Southern Appalachians. For the good of the activity and my fellow troop members, I agree to do the following:

1. I am aware that accidents or injury may occur while participating in this event. I recognize the importance of following instructions and will obey leaders' and counselors' instructions while attending this activity.
2. I will use all required safety equipment and follow safety rules and procedures.
3. I will handle all equipment provided for my use with care. I understand that I am responsible for their loss or damage due to my negligence or neglect.
4. I will be sensitive to the needs of each group member and respect other people, places, and property with which I come in contact.
5. I will be responsible for any personal belongings and equipment. In the event of any loss or damage to my equipment, I will not hold the Girl Scout Council of the Southern Appalachians responsible for my negligence or neglect.
6. I will not use tobacco, alcohol, or drugs, and any such use will result in my expulsion from the activity.
7. I will handle my share of responsibilities.

I understand that if I do not abide by the above promises, I may be expelled from the activity and sent home, at the expense of my parents.

Signature of Participant

Date

I have read the foregoing statement and agree with the above responsibilities of my child. I give my child permission to attend this activity under the above considerations (Signature of both parents required).

Signature of Parent or Guardian

Date

Telephone #

Warning

Under Tennessee 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 Tennessee Code Annotated, Title 44, Chapter 794.

Warning

Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death resulting from the inherent risks of equine activities pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

Signature of Parent or Guardian

Date

Telephone #

Warning

Under Virginia Law, an equine activity sponsor or equine professional shall not be liable for any injury to or death of a participant resulting from the intrinsic dangers of equine activities pursuant to Chapter 3.1-796-132 of the Official Code of Virginia Code Annotated.