

PARENT AGREEMENT

My child may attend Horsin' Around Camp at Newell Lodge and I hereby certify that he/she is capable of participating in the horse activities. I understand the camp does not carry health and accident insurance and that I am responsible for health incurred costs.

I also grant Horsin' Around Camp at Newell Lodge and its agent's full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release the Newell Lodge LLC from any liability in connection with those decisions. I understand my child must comply with camp rules and standards of participant behavior. I agree that Horsin' Around Camp at Newell Lodge has the right to enforce appropriate standards of conduct and may dismiss, **without a refund**, any camper who infringes on the rights of others.

Further, I give my consent for the use of any photographs, slides or video tapes, which may include my child to be used in the Newell Lodge Camp promotional materials and website.

Parent Authorization for Treatment

In the event I cannot be contacted in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize and to secure treatment for my child.

The child named on this enrollment form has my permission to engage in all horse related activities of Horsin' Around Camp at Newell Lodge except as noted on the form by me.

Student Name

Print Parent/Guardian Name

Signature of Parent/Guardian Date