

# Terms of Enrollment

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

During the period which my child / legal ward is enrolled at CHAMPS, I grant full permission for my child to participate in all activities, including any off-farm field trips scheduled during the camp week. I understand that CHAMPS may take videos or pictures of my child during their enrollment and that these may be used in future camp materials.

I understand that it is my responsibility to work with CHAMPS to help my child have a productive and enjoyable week. I will pick up and drop off my child at agreed times. I will ensure that they have all appropriate clothing and will discourage them from bringing items which will detract from the farm environment. I am willing to work with my child to ensure that their attitude is cooperative and cheerful.

I know that the nature of CHAMPS includes hard work as well as fun, and I and my child are excited about participating in every part of this experience. I am aware that CHAMPS is a faith motivated program that uses horses to illustrate its character and life coaching curriculum.

I release CHAMPS and Simple Times Farm, their staff and volunteers from any liability claims, demands, actions and cause of actions arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child / legal ward, while participating in camp activities or while on the premises where activities are conducted or any travel to and from CHAMPS and a sponsored off-campus activity.

Camp hours are from 9:00 a.m. until 5:00 p.m. I will pick up and drop off my child promptly at these times unless I have made prior arrangements with CHAMPS.

**I am enrolling my student in week(normal):** \_\_\_Jun 25-27\_\_\_Jul 23-25

**Advanced Elementary-JH week:** \_\_\_July 30-August 1

**Advanced Highschool week:** \_\_\_August 13-15

**Cost per week of camp is \$200**

**Minimum non-refundable deposit of \$50 required.**

**I am sending payment of \$\_\_\_\_\_ via mail\_\_\_, via paypal\_\_\_, via venmo\_\_\_**

\_\_\_\_\_  
Parent or Guardian Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature Date: \_\_\_\_\_

# Medical Form

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## CHAMPS Emergency Contact and Medical Information

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|                   |            |                   |            |               |   |
|-------------------|------------|-------------------|------------|---------------|---|
| _____             |            | _____             |            | M             | F |
| _____             |            | _____             |            | Sex           |   |
| _____             |            | _____             |            | Date of Birth |   |
| _____             |            | _____             |            |               |   |
| _____             | _____      | _____             | _____      |               |   |
| Home Phone        | Work Phone | Home Phone        | Work Phone |               |   |
| _____             |            | _____             |            |               |   |
| Address           |            | Address           |            |               |   |
| _____             |            | _____             |            |               |   |
| City, ST ZIP Code |            | City, ST ZIP Code |            |               |   |

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### Alternative Emergency Contacts

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|                           |            |                             |            |  |  |
|---------------------------|------------|-----------------------------|------------|--|--|
| _____                     |            | _____                       |            |  |  |
| Primary Emergency Contact |            | Secondary Emergency Contact |            |  |  |
| _____                     |            | _____                       |            |  |  |
| _____                     | _____      | _____                       | _____      |  |  |
| Home Phone                | Work Phone | Home Phone                  | Work Phone |  |  |
| _____                     |            | _____                       |            |  |  |
| Address                   |            | Address                     |            |  |  |
| _____                     |            | _____                       |            |  |  |
| City, ST ZIP Code         |            | City, ST ZIP Code           |            |  |  |

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### Medical Information

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|   |  |               |  |  |  |
|---|--|---------------|--|--|--|
| _____                                   |  | _____         |  |  |  |
| Hospital/Clinic Preference              |  |               |  |  |  |
| _____                                   |  | _____         |  |  |  |
|   |  | Phone Number  |  |  |  |
| _____                                   |  | _____         |  |  |  |
| Insurance Company                       |  | Policy Number |  |  |  |
| _____                                   |  |               |  |  |  |
| Allergies/Special Health Considerations |  |               |  |  |  |

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

|       |       |
|-------|-------|
| _____ | _____ |
|       | Date  |

I give permission for my child to go on field trips. I release (CHAMPS J and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

|       |       |
|-------|-------|
| _____ | _____ |
|       | Date  |

|                   |       |
|-------------------|-------|
| _____             | _____ |
| Witness Signature | Date  |

# Liability Form

I, \_\_\_\_\_ (camper's name), would like to participate in one or more activities conducted by Simple Times Farm / CHAMPS, a Michigan non-profit corporation. In connection with such a program, I acknowledge that horseback riding is, by its very nature, a risk activity. Horses can behave unpredictably without warning and can cause injury, harm or death to persons around them. For example, a loud noise, sudden movement or unfamiliar person or animal can cause a horse to be frightened and buck, bite or kick. If I am around a horse in this condition, the horse could behave unpredictably and I could become injured as a result.

MINDFUL OF THIS RISK, I NEVERTHELESS BELIEVE THAT THE BENEFITS OF PARTICIPATING IN AN ACTIVITY AT SIMPLE TIMES FARM AND STABLES TO MYSELF, MY CHILD OR WARD ARE OF VALUE (continued).

Accordingly, in consideration of being on the premises of Simple Times Farm and Stables, being near horses at the Simple Times Farm and Stables, and allowed to ride at Simple Times Farm and Stables, and intending to be legally bound, I agree:

1. On behalf of myself, my heirs, representatives and assigns and, as applicable, my ward or my minor child, I hereby release and forever discharge Simple Times Farm and Stables; including its officers, directors, owners, operators, employees, agents, instructors, contractors all lawsuits, actions, damages, claims and liability whatsoever. Including death, and property damage or loss, which arise from or are in any way related to engaging in activity at Simple Times Farm and Stables, including, but not limited to horseback riding. Included is riding Simple Times Stables horses at events or outings away from Simple Times Farm and Stables.
2. I further agree that this release and discharge of liability applies regardless of the legal cause of action on which my claim is based, including contract, strict liability, negligence, tort, or an alleged violation of the Michigan Equine Liability Act (PA 1994 No.351). I intend that my release and discharge includes all claims for damages resulting from the negligent act or omission of Simple Times Farm and Stables, including its officers, directors, owners, operators, employees, agents, instructors, contractors, riders and other volunteers, excepting only the sole gross negligence or sole willful and wanton misconduct of these parties.
3. I agree that this release of liability shall be governed by Michigan law and I acknowledge that the release exceeds the provisions of the Michigan Equine Liability Act because I am releasing Simple Times Farm and Stables and its related parties for all damages, liability and causes of action, except only those for sole gross negligence or sole willful and wanton misconduct. WARNING: I UNDERSTAND THAT UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.
4. I have read and understand this release of liability. I hereby sign this release freely, knowingly and without coercion by anyone.

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

Signature of Client, or if a minor, his/her parent or guardian.

\_\_\_\_\_  
Printed name of rider or if a minor, his/her parent or guardian.

# Media Form

I, the undersigned, do hereby consent and agree that **CHAMPS / Simple Times Fann**, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of **Simple Times Farm/ CHAMPS**. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Simple Times Farm/ CHAMPS**, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that **Simple Times Farm/ CHAMPS** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name(Printed): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_