



*A Place Where Friends, Fun,
and Faith are Found*

___ **Adopt-A-Horse** / ___ **Equine Prep School** / ___ **Equine Academy**

(Please check appropriate box)

CHECKLIST

Date _____

Participant: _____

All Fees A Due at 1ST of the Month for Adopt-A-Horse

Dear Parents and Participant,

Enclosed you will find forms essential for review and signature so that your child can have a great time at Camp Jabez.

Please use the following checklist to insure that we have the necessary forms for your child to be able to have a successful and fun time at Camp Jabez.

Your Completed Checklist:

- Registration Form
- 1. Participant Medical Release Form
(NO ADMITTANCE without form)
- 2. Release for Photography or Video
- 3. Equine Release of Liability
- 4. Clothing List for Equine Activities
- 5. General Release of Liability

Office Use Only:	Yes	No
1. Medical clear		
2. Photo		
3. Permitted		
4. Will provide clothing		
5. Signed		

KENNETH P. CLARKSTON
Chaplain, Executive Director

E-Mail Address Director@GMission.org

Ph. 937-223-4513 FAX 937-223-4246

Camp Jabez: 3191 St. Rt. 380 Xenia, OH 45385

Payment/Forms Mailing Address: P.O. Box 362, Dayton, Ohio 45401

www.GMission.org

www.campjabez.org



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___ Adopt-A-Horse / ___ Equine Prep / ___ Equine Academy Registration

(Please check appropriate box)

The checklist, this registration form and the following five (5) release forms/statements must be completed and submitted to the address below.

Participant _____
Last First MI

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____@_____

Grade entering in fall: _____ Age: _____ Birthday: ____/____/_____

Previously at Camp Jabez? YES _____ NO _____

T-Shirt Size _____ Youth or Adult (due to activities, size must be fitted- NOT oversized)

Name of Custodial Parent or Legal Guardian: _____

Home Phone: _____ Work/Cell Phone: _____

Home Church: _____ City: _____

In Case of **Emergency** and Parent cannot be reached, please notify:

Name: _____ Home Phone: _____ Work/Cell : _____

If I am unable to pick up my child, I give permission to _____
to pick-up my child.

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1. PARTICIPANT MEDICAL RELEASE FORM

1. Please list any **MEDICATIONS** participant is currently taking:

2. Are there any known **ALLERGIES?** (i.e., peanuts, milk, bees, etc.) _____

3. Are there any **MEDICAL CONDITIONS** we need to be aware of?(i.e., motion sickness, etc.) _____

- 3a. I acknowledge that I understand that Camp Jabez is not equipped to monitor or supervise special medical conditions or needs as would the parent if he/she were present.
4. Your preferred hospital with phone number: _____
5. Participant's doctor with phone number: _____
6. Insurance Information: _____
7. I certify it is safe for my child to participate in all event activities.
8. In the event of a medical emergency, I give my permission for medical treatment to be administered to my child. I also consent to emergency transportation of my child.

2. RELEASE FOR PHOTOGRAPHY OR VIDEO

I DO / DO NOT (circle one) give consent for Camp Jabez to take pictures, video, audio interviews, and clips of my child, so named on this form, for use in promotional materials and publications; including radio spots, brochures, web pages, and posters.

All pictures and audio clips taken are for the promotion of Camp Jabez and its affiliated non-profit programs. Each participant will receive a camp photo.



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3. EQUINE ACTIVITY WAIVER/RELEASE

I **DO / DO NOT (circle one)** authorize my minor child so named to participate in equine activity at Camp Jabez under the direction of the Equine Director. **Equine activity** means horse related activities including but not limited to horseback riding and the routine care and feeding of horses.

I understand that there are risks inherent in equine activity which may result in injury, death or loss.

Such risks include but are not limited to the following:

1. A horse may act in ways that could cause injury, death or loss to a person on or around it.
2. A horse may react unpredictably to sounds, sudden movements, unfamiliar objects, persons or other animals.
3. Equine activity includes hazards such as the surface and subsurface conditions on which a horse is ridden.
4. A collision can occur with another horse, another animal, a person or an object.
5. My minor child or another person may act in a negligent manner, such as failing to maintain control of a horse or failing to act within his/her ability.

On behalf of myself and my minor child named, I agree to **waive, release and hold harmless** the Equine Director and Camp Jabez from all tort and civil liability arising from or related to participation in equine activity. This release is effective for one year from the date signed.

4. CLOTHING LIST FOR EQUINE ACTIVITES

Very casual, warm and comfortable clothing is always appropriate. **Long pants are required for the horseback riding sessions.** Participants will miss important training if they do not have proper long pants. Baggy pants are not permitted – you must be able to move freely with no fear of tripping, falling or becoming tangled in equipment because of excess clothing. Evaluation of proper clothing is by the Equine Director.

Warm/ Cool Weather: Wear layers of clothing as the indoor arena and barn may be cool even if it is warm outside. Shirts under sweatshirts under jackets are ideal, as you'll be able to remove clothing if it gets warm or we move outdoors where you'll be in the sun. Warm, sturdy, waterproof boots or shoes are advisable.

Hot Weather: Waterproof shoes (**no sandals**), or OLD shoes are recommended. Hiking boots are not appropriate as the tread can get caught in the stirrup of the saddle. Leather shoes protect feet better than canvas shoes if the horse should step on your foot. Conditions may be muddy or dirty.

Long Pants are required.

I can provide appropriate clothing and shoes for my child. **YES** **NO**



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5. GENERAL RELEASE OF LIABILITY

This RELEASE OF LIABILITY is made and entered into on the date noted below by and between **CAMP JABEZ** hereinafter designated MANAGER and youth noted below hereafter designated PARTICIPANT; and if PARTICIPANT is a minor, PARTICIPANT'S parent or guardian noted below. In return for the use, today and on all future dates of the property, facilities and services of the Manager, the PARTICIPANT, his heirs, assigns, and legal representatives, hereby expressly agree to the following:

It is the responsibility of the PARTICIPANT to carry full and complete insurance coverage on his personal property and himself.

PARTICIPANT agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM PARTICIPANT'S USE OF OR PRESENCE UPON MANAGER'S PROPERTY AND FACILITIES including, without limitation but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.

PARTICIPANT agrees to hold Manager and all of its successors, assigns, subsidiaries, franchisees, affiliates, officers, directors, employees and agents completely harmless and not liable and release them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of PARTICIPANT'S use of or presence upon Manager's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton negligence of the Manager.

PARTICIPANT agrees to waive the protection afforded by any statute or law in any jurisdiction those purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.

PARTICIPANT agrees to indemnify and defend Manager against, and hold harmless from, any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from PARTICIPANT'S use of or presence upon the Manager's property and facilities.

PARTICIPANT agrees to abide by all of the Manager's rules and regulations.

This contract is non-assignable and non-transferable and is made and entered into the state of Ohio and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with State Law, then that clause is null and void. When the Manger and PARTICIPANT and PARTICIPANT'S parent or guardian, if PARTICIPANT is a minor, sign this contract, it will then be binding on both parties, subject to the above terms and conditions.

This document is valid for one (1) year unless otherwise noted.

I state that the information on this form is correct and complete to the best of my knowledge and I have read and understand that I am signing for all five (5) previous release forms/statements.

Youth/Participant: _____
(Please Print Full Name)

_____ Date _____
(Signature of Custodial Parent or Legal Guardian)

Parent/Guardian Printed Name: _____

**We want your child to have the best of care at Camp Jabez.
We can not admit any participant without completed forms.**