

Hickory Creek Wilderness Ranch  
PO Box 93 Tidioute, Pa 16351  
Summer 2010 Horse Camp

Dear Parents,

Thank you for your interest in our 2010 Summer Horse Camp. This six-day camp will allow your child to be a part of Hickory Creek Wilderness Ranch while experiencing the care and upkeep of our horses. Your child will be assigned a horse for the week; learning how to groom, saddle, ride, and feed their horse. Horse camp also includes bunkhouse lodging, environmental education, hiking, games, trail riding, and "Arena Games" one of our favorites!

Our staff is first aid and CPR certified and has the proper clearances to work with children. Your child's safety and welfare is our first priority and our camp counselors will maintain direct supervision at all times. We will prepare your child home cooked meals each day and Hickory Creek Wilderness Ranch wranglers will be on hand when working with the horses.

Our 2010 horse camp will take place July 18 – 24 for youth ages 8 – 18.

Check in time for camp is 5:00 pm on Sunday July 18<sup>th</sup>

Check out time is NOON on Saturday July 24<sup>th</sup>

Camp spots are filled on a first come, first serve basis, so register as soon as possible. **There is a 14 camper limit this year!** The 2010 camp rate is \$400 per child (\$375 if registered and paid by April 30<sup>th</sup>.) Payments may be made by personal check, VISA or MASTERCARD. (*If cancellation is necessary and we are notified at least 14 days in advance, a full refund will be made.*)

We are in the process of designing a 2010 camp T-shirt; so make sure to select a shirt size on the registration form. Be sure to completely fill out the registration, medical and liability release forms that follow this letter. A suggested list of what to bring to camp is also included.

If you have any questions do not hesitate to call 814 – 484 – 7520, go to our website at [www.hickorycreekranch.com](http://www.hickorycreekranch.com), or email us at [info@hickorycreekranch.com](mailto:info@hickorycreekranch.com)! Thanks and we look forward to seeing you and your child this summer.

Sincerely,

HCWR Staff

# What to Bring to Camp!!

- Sleeping Bag or Blankets, and Pillow
- Towels and Wash Clothes
- Towel for the Pool / bathing suit / sunscreen
- Boat shoes or sandals or flip flops
- Personal Toiletries
- Jeans / sweats (for riding)
- Sweater / sweatshirt (early mornings / late nights)
- Jacket
- Rain gear / poncho
- Old shoes (rainy weather)
- Boot with heel for riding is strongly suggested (comfortable – no fashion boots!)
- Hiking shoe / boot
- Extra pairs of socks
- Summer attire – shorts, t-shirts etc
- Flashlight
- Bug repellent
- Girls – hair ties
- Camera
- Phone cards
- Laundry bag for dirty clothes

# Hickory Creek Wilderness Ranch

## Registration Form

*(Please Print Clearly and Complete Form in Entirety)*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at time of camp \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Parents or Guardian(s):

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Phone Numbers Applicable while child will be at camp:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cellular: \_\_\_\_\_

Cost:

\$375 per child if registered and paid by April 30, 2010

\$400 per child if registered and paid after April 30, 2010

Payment may be made by personal Check to: **Hickory Creek Wilderness Ranch**, Visa or MasterCard.

Credit Card Payment Information (Add a \$3 processing fee):

Type of Card: \_\_\_\_\_ VISA \_\_\_\_\_ MC

Card #: \_\_\_\_\_ Amount: \_\_\_\_\_

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

T-shirt Sizes:

Youth - \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large

Adult - \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Xlarge

# Hickory Creek Wilderness Ranch

Medical Form

*(Please Print Clearly and Complete Form in Entirety)*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at time of camp \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergic Reactions: \_\_\_\_\_

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Medication *(please have instructions and medication ready for camp counselor at registration time)*:  
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## Liability Disclaimer

To my knowledge, my child does not have any medical problems that would prevent him/her from participating in this youth camp. I understand that it is my responsibility to obtain medical consent to participate if any health problems are known to exist. It is also my responsibility to inform the staff of any health problems my child might have. In the event of an accident or injury during this youth camp or any organized event that results from this youth camp, I will not hold Hickory Creek Wilderness Ranch or any member of the staff or any location where we meet, liable for my child's injury/illness. I release all such parties from any and all rights, claims, liabilities, demands, suits, causes of action, whether in law or in equity, should an injury/illness occur.

In case of emergency, I give Thomas Heenan and the staff of Hickory Creek Wilderness Ranch permission to take my son/daughter for medical treatment if necessary during the course of this youth camp.

Parent/Guardian (Print) \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_

Date \_\_\_\_\_

**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Hickory Creek Stables, LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "HCS), I hereby agree to release, indemnify, and discharge HCS, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives, and estate as follows:

- 1. I acknowledge that horseback riding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** contact with wild animals, hiking, and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause me to be thrown from the horse or be injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle, including but not limited to helmets and all other riding equipment, may develop problems as a result of normal use and wear. My horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stumps, forest growth, debris, rocks, and cliffs, and other obstacles, whether obvious or not and whether man-made or natural. Each of those obstacles or variations in terrain could cause me to lose control of my horse and I or my horse could fall. Riding a horse requires that the participant to balance on the saddle. Participants may lose their balance which can result in falling from the horse.

Furthermore, HCS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of any participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless HCS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HCS's equipment or facilities, **including any such claims which allege negligent acts or omissions of HCS.**
- 4. Should HCS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event I file a lawsuit against HCS, I agree to do so solely with the Common Pleas Court, 37<sup>th</sup> Judicial District, in Warren County, Pennsylvania, and I further agree that the substantive law of that state shall apply in any action without regard to the conflict of law rules of that state. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against HCS, based on any releases contained herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

**PARENT'S, GUARDIAN'S, OR RESPONSIBLE PARTY'S ADDITIONAL INDEMNIFICATION AND CONSENT (Must Be Completed For Participant's Under the Age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by HCS to participate in its activities and to use its equipment and facilities, to the extent that I am authorized to do so by law, I agree to the jurisdiction, assumption of risk, and all other provisions set forth in Paragraphs 1-6, above and I further agree to indemnify and hold harmless HCS from any and all claims, costs, and fees (as described above) which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_