



Summer Horsemanship Camp

*Weekly sessions
June 5 - Aug. 4
9-noon*

- Inclusionary camp, for riders of all abilities aged 8-16
- No horse experience necessary
- Riders will be divided into small groups based on their experience & ability
- Learn equestrian skills and horse care while caring for horses and independence
- Groups sizes are limited
- PATH certified instructors

 **vinceremos**

Call for more details

561 792 9900

facebook.com/vinceremostrc



Dear Interested Participants,

Our weekly Summer Horsemanship Camps will begin in June 2023. Camp is Monday through Friday, 9 am to Noon. Whether this is your first time at camp, or you are a returning participant, this year is sure to be jam-packed with fun horse experiences.

Camp activities will take place outside or in the barn keeping everyone in the fresh air. It is the discretion of parents/caregivers to send their children wearing masks. If your camper is sick, we ask that you please ***DO NOT BRING THEM*** to Vinceremos!

Camper Checklist

Each camper should have a backpack containing:

- An individual hand sanitizer
- A snack
- A reusable water bottle
- A riding helmet (Vinceremos can supply one for camp) Dry clothes (washing horses gets wet, hoses are involved!)

If you have any further questions, please do not hesitate to contact us at (561) 792-9900!

We are looking forward to another great year of camp, see you soon!



2023 Summer Camps Registration Form

Activities Include: Horseback riding & instruction, horse grooming & bathing, games & crafts, tack & equipment care, equine wellness & nutrition, and special presentations from equine professionals.

Horsemanship Camp:

This one-week course is perfect for the complete beginner, or the more advanced rider. Spend time in the barn learning about basic horse care and equipment. Spend time in the saddle learning basic equestrian skills. Enjoy horses appropriate for beginners or more advanced riders while riding in our covered arena learning from seasoned instructors.

Cost: \$300.00

Ages: Children 8-16. Groups will be divided by age and ability.

Max Participants: 6 (each group).

All participants - Please read these requirements:

- 1) For participants who need assistance with personal care, an attendant must accompany them at all times. Alternatively, please discuss other options for Therapeutic Riding with our office.
- 2) For the welfare of our horses, participants must not exceed a weight of 200lbs.
- 3) All participants must wear long pants or jodhpurs, riding boots, or closed-toe shoes.
- 4) All participants must wear a riding helmet (if you don't have one, we will provide).
- 5) All participants are encouraged to bring a change of clothes, sunscreen, hat or cap, and towel.
- 6) All participants should bring a reusable water bottle, and a bagged lunch or snacks if desired.
- 7) Lockers are available free of charge - just bring your own padlock.
- 8) Our office is open Monday through Friday from 9am to 5pm. If you have any questions, please give us a call at (561) 792-9900



2023 Summer Camps Registration Form

Our experienced instructors and horses are dedicated to providing an encouraging atmosphere and confidence-building experience for children of all ages and skill levels. **The Vinceremos facility** offers a trail course, a large covered arena to protect riders from weather, and an air-conditioned lounge for breaks.

Please select the week(s) you will be attending (please see detailed information on following page):

Horsemanship Camp: ☐ June 5-9 ☐ June 12-16 ☐ June 19-23 ☐ June 26-30
☐ July 10-14 ☐ July 17-21 ☐ July 24-28 ☐ July 31-August 4

Participant's Name: _____ **Date of Birth:** _____

Does your child have any special needs? ☐ No ☐ Yes

* if YES a completed VTHC medical evaluation form signed by a phsican **is required**.

Parent/Caregiver's Name: _____

Address: _____

Email Address: _____

Home Phone: _____ **Cell Phone:** _____

Is the participant a current Vinceremos Therapeutic Horsemanship Center Rider? ☐ Yes ☐ No

Is the Participant a sibling/friend of a Vinceremos Therapeutic Horsemanship Center Rider? ☐ Yes ☐ No

How did you hear about our Summer Program? _____

T-Shirt Size (circle one): ☐ Youth: S M L or ☐ Adult: S M L

Cancellation Policy: No refunds for cancellations less than 30 days prior to the start of the program.

_____ **Please initial** that you have read and understand our refund/cancellation policy.

Participant Requirements: _____ **Please initial** that you have read and understand the requirements listed on page 1 of this form.

Payment must be included with this registration form to reserve Participant's place.

Please make checks payable to Vinceremos Therapeutic Horsemanship Center (VTHC) or pay by credit card.

Check #: _____ **Amount:** _____

MasterCard / Visa / American Express (circle one); please print clearly:

Card Holder Name: _____

Card #: _____ **Exp. Date:** _____ **Security Code:** _____

Signature: _____



Vinceremos Therapeutic Riding Center
Camp Participant Form
Unveiling Hidden Potential



Participant Information:

Participant Name: _____

Date of Birth: _____ Age: _____ ☐ Male ☐ Female Height: _____ Weight: _____

How did you hear about Vinceremos? _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____ Home Ph: _____

School/Institution Attending: _____

Parent/Guardian Information:

Parents/Guardians: _____

Address: _____

☐ Please check if information is same as above.

City: _____ State: _____ Zip: _____

Email: _____

Cell Phone: _____ Home Ph: _____

Program Participating In:

☐ Horsemanship Camp

Personality Profile:

Learning Style (Please Circle): Visual/learns by seeing Auditory/learns by hearing Kinesthetic/learns by doing

Please describe personality and strengths: _____

What are some favorite activities or topics? _____

What are some fears or dislikes? _____

Any other special information we should know? _____

Please list any goals (i.e., what would you like to accomplish in the camp/lessons?) _____



Vinceremos Therapeutic Riding Center

Camp Participant Form

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Physician's Name: _____ Physician's Phone Number: _____
Preferred Medical Facility: _____
Health Insurance Company: _____ Policy #: _____
Allergies and Treatment Required: _____
Current Medications: _____

In the event of an emergency, contact: (at least one contact is required)

Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

Consent Plan: In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Vinceremos Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release Participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ **Consent Signature:** _____
If Participant is under 18 years of age, Parent or Legal Guardian must sign.

- or -

Non-Consent Plan: I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Parent or legal guardian will remain on site at all times during equine assisted activities.

In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ **Non-Consent Signature:** _____
If Participant is under 18 years of age, Parent or Legal Guardian must sign.
Do not sign here if consent above is signed.

Photo Release: ☐ I Do ☐ I Do Not Consent to and authorize the use and reproduction by Vinceremos Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the Center and PATH Intl.

Date: _____ **Signature:** _____
If Participant is under 18 years of age, Parent or Legal Guardian must sign.



Vinceremos Therapeutic Riding Center

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EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE, AND ASSUMPTION OF ALL RISKS

READ BEFORE SIGNING

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (the "Agreement") is hereby given by _____ ☐ (person signing) on his/her own behalf OR ☐ as the parent or guardian of _____ (Participant) to VINCEREMOS RIDING CENTER, INC., a Florida not-for-profit corporation, as the equine activity sponsor (the "Sponsor"), and to each officer, director, agent, employee, volunteer, equine professional (as defined in the Act referenced herein), instructor, therapist, aide, heir, personal representative, successor and/or assign of the Sponsor (who also shall be included within the word "Sponsor") and agrees as follows:

In consideration of the opportunities provided by the Sponsor to the undersigned, including any minor or legal ward in whose behalf the undersigned signs this Agreement (collectively, the "Participant"), for the enjoyment of equine activities and the use of the Sponsor's facility and equipment, the Participant hereby agrees as follows:

1. This Agreement is given in part under the Florida Equine Activities statutes (Chapter 773) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Sponsor the fullest protection of a release, waiver of claim and recovery, right to sue and assumption of all risks that is afforded by the Act, and by other applicable statutes and general law.
2. The Participant hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the dangers and/or conditions which are an integral part of equine activities which may cause, contribute to or result in the death or personal injury of the Participant or damage to the Participant's property (the "Risks"), including, but not limited to:

The propensity of equines to behave in ways (such as, but not limited to, buck, stumble, fall, rear, bite, kick, run, and make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break) that may result in injury, harm, or death to persons on or around the equine;

The unpredictability of an equine's reaction to sounds, sudden movement, persons, other animals, or unfamiliar objects;

Hazards, including, but not limited to, surface or subsurface conditions;

A collision with another equine, another animal, a person, or an object;

The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant;

The inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptiles, birds or insects, and the effects of such reactions;

The dangers and risks of tack or harness loosening, slipping or breaking for whatever reason;

The dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity;

The risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason;

Any negligent act or omission by the Sponsor which causes or results in the death or personal injury of the Participant or damage to the Participant's property.

3. The Participant hereby expressly assumes all risks and dangers of injury, loss, damage or death which are in any way resulting from the inherent risks of equine activities and/or associated with the Risks enumerated in paragraph 2 above.

Please Initial

Initial: _____
Date: _____



Vinceremos Therapeutic Riding Center

Camp Participant Form

Unveiling Hidden Potential



4. The Participant hereby releases and waives all rights which he/she may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the inherent dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, and the right to sue or to bring any action against the Sponsor in connection therewith. The Participant agrees to completely indemnify and hold the Sponsor harmless from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including medical costs and attorney's fees, which are occasioned by, or otherwise attributable to, matters for which the Participant has hereby assumed the risk and is responsible in accordance with this Agreement.
5. The Participant agrees to comply with all rules and regulations posted or otherwise communicated by the Sponsor. The Participant agrees that the Sponsor has made reasonable and prudent efforts to determine the Participant's ability to engage in the Equine Activity offered by the Sponsor and the Participant has disclosed all known physical and psychological conditions to Sponsor to assist Sponsor in evaluating the Participant for participation in the Equine Activity offered by the Sponsor.
6. The Participant agrees that mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the Participant in such activity as well as to the person or property of others.
7. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.
8. This Agreement shall be construed under Florida law in such manner as will render it, and each provision of it, fully enforceable; provided, however, that if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in Palm Beach County, Florida.
9. If this Agreement is executed by the undersigned for and on behalf of a minor Participant as named below, the undersigned hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Participant, his/her heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his/her own behalf.
10. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned.

WARNING

Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE NOT RELIED UPON THE SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

Print Name: _____ Date: _____

Signature: _____

If Participant is under 18 years of age, Parent or Legal Guardian must sign.

FOR MINORS UNDER 18 YEARS OF AGE:

Print Name of Minor: _____ Date: _____

Address: _____

Telephone Numbers: Cell (____) _____ Home (____) _____ Work (____) _____



Physician's Statement

Vinceremos Therapeutic Riding Center

Unveiling Hidden Potential



Dear Health Care Provider:

Your patient, _____ is interested in participating in supervised equine activities.
(Participant's Name)

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact the center at the address/phone below.

Orthopedic

- ☐ Atlantoaxial Instability - including neurologic symptoms
- ☐ Coxa Arthrosis
- ☐ Cranial Deficits
- ☐ Heterotopic
- ☐ Ossification/Myositis
- ☐ Ossificans
- ☐ Joint Subluxation/Dislocation
- ☐ Osteoporosis
- ☐ Pathologic Fractures
- ☐ Spinal Joint Fusion/Fixation
- ☐ Spinal Joint Instability/Abnormalities

Medical/Psychological

- ☐ Allergies
- ☐ Animal Abuse
- ☐ Cardiac Condition
- ☐ Physical/Sexual/Emotional Abuse
- ☐ Blood Pressure Control
- ☐ Dangerous to Self or Others
- ☐ Exacerbations of Medical Conditions (i.e., RA, MS)
- ☐ Fire Settings
- ☐ Hemophilia
- ☐ Medical Instability
- ☐ Migraines
- ☐ PVD
- ☐ Respiratory Compromise
- ☐ Recent Surgeries
- ☐ Substance Abuse
- ☐ Thought Control Disorders
- ☐ Weight Control Disorder

Neurologic

- ☐ Hydrocephalus/Shunt
- ☐ Seizure
- ☐ Spina Bifida/Chiari II
- ☐ Malformation/Tethered Cord/
- ☐ Hydromyelia

Other

- ☐ Age - Under 4 years
- ☐ Indwelling
- ☐ Catheters/Medical Equipment
- ☐ Medications, i.e. Photosensitivity
- ☐ Poor Endurance
- ☐ Skin Breakdown

THIS SECTION MUST BE COMPLETED IN FULL

Past/Prospective Surgeries: _____

List Medications: _____

Seizure Type: _____ Controlled? ☐ Y ☐ N Date of Last Seizure: _____

Shunt Present? ☐ Y ☐ N Date of Last Revision: _____

Independent Ambulation: Y ☐ N Assisted Ambulation: Y ☐ N Wheelchair: Y ☐ N Braces/Assistive Devices? Y ☐ N

For those with Down Syndrome: AtlantoDens Interval X-Rays Date: _____ Result: ☐ I ☐ --

Neurologic Symptoms of AtlantoAxial Instability: _____

Physician's Signature: _____ **Date:** _____

THIS SECTION MUST BE COMPLETED IN FULL

Participant: _____ DOB: _____ Height: _____ Weight*: _____
 *Clients over 200 pounds will participate in unmounted activities.

Participant Address: _____ Participant Phone: _____

Special Precautions/Needs: _____

Diagnosis: _____ Date of Onset: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Yes	No	If Yes: Degree of Impairment/Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities. I understand that PATH International will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to PATH International for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ ☐MD ☐DO ☐NP ☐PA Other _____

Physician's Signature: _____ **Date:** _____

Address: _____

Phone: () _____ License/UPIN Number: _____