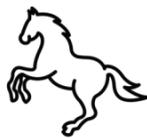


learning. riding. adventure.



SUMMER HORSEMANSHIP CAMP



Monday - Friday
June 1 - August 1

- 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
- Build confidence and independence while caring for horses and enjoying time at the farm
- Groups sizes are limited
- PATH certified instructors

**vinceremos**

Call for more details

561 792 9900

info@vinceremos.org

facebook.com/vinceremostrc



2026 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 beginners or intermediate riders. Spend time in the barn learning about horse care and equipment. Spend time in the saddle learning basic equestrian skills from some of the best instructors and enjoy the love of horses while riding comfortably in our covered arena.

Cost: \$300.00 (Mon-Fri, 9am - 12pm)

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

Max Participants: 10 per week

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 close-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.



2026 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 1-5 June 8-12 June 15-19 June 22-26
 July 6-10 July 13-17 July 20-24 July 27-July 31
 Advanced week- please ask

Participant's Name: _____

Does your child have any special needs? Yes No

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

Is the participant a current Vinceremos rider? Yes No

Is the participant a sibling/friend of a Vinceremos 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 read all the participant requirements on page 1.

_____ **Please initial** that you have read and understand the requirements.

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

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

Check #: _____ Amount: _____

Card Holder Name: _____

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

Signature: _____



2026 Summer Horsemanship Camp Enrollment:

Participant Name: _____

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

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: _____

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?) _____

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.

Date: _____ Signature: _____

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

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: _____

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: Neurologic Symptoms of Atlantoaxial Instability: Present Absent

Has the client had any hospitalizations or been Baker Acted? Y N

Physician's Signature: _____

Date: _____



Physician's Statement

Vinceremos Therapeutic Riding Center

Unveiling Hidden Potential



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: _____