



P.O BOX 782622, Wichita, KS, 67278
316-733-8943 info@fhtrc.org www.fhtrc.org

2026 Summer Day Camp Registration Form

(Check one): **Beginner Day Camp:** June 8th June 15th June 22nd

Ages: 6-12 **Price:** \$50/per camper **Time:** 8:30AM-12:00PM

Rider's Name: _____ Nickname: _____
Age: _____ DOB: __/__/__ Height: _____ Weight: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Email Address for Confirmation: _____ Phone: _____

Parent's Name: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Parent's Name: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact (Other than Above)

Name: _____ Relation to Child: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Contact:

Physician's Name: _____ Phone Number: _____
Hospital: _____
Allergies: _____
Misc. Notes: _____

Riding Experience: None Beginner Intermediate Experienced

Describe Riding Experience in detail:

PHOTO RELEASE

IDO I DO NOT

Consent to and authorize the use and reproduction by FREEDOM HOOVES THERAPEUTIC RIDING CENTER of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Signature: (Student if over 18) _____ **Date:** __/__/__
Signature: (Parent/Legal Guardian) _____ **Date:** __/__/__

**Once this Form is printed and signed, please mail to the address listed above. Please also include the two signed releases of liability and your camp deposit of \$25.
Thank you for choosing Saddle Up Summer Camp!**



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2026 Summer Camp Liability Release

As a camp participant/volunteer at Freedom Hooves Therapeutic Riding Center I acknowledge the risks of a horseback riding program and participation in the 2026 Saddle Up Summer Camp. However, I feel the possible benefits to myself and the participants I work with are greater than the risk assumed.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Freedom Hooves Therapeutic Riding Center, its' Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Freedom Hooves Therapeutic Riding Center program and the 2026 Saddle Up Summer Camp that I will be participating in.

WARNING:

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participant in this domestic animal activity.

If client/volunteer/participant is under 18 years of age, Parent/guardian must sign.

Name: (Please Print Clearly) _____

Signature: _____

Signature: _____

Parent/Guardian – if minor or legal guardian

DATE __/__/_____

D&J Ranch

RELEASE OF LIABILITY

KNOWING THAT RISK IS ALWAYS ATTACHED TO HORSEBACK RIDING AND IN CONSIDERATION OF THE SERVICES RECEIVED AND BEING DESIROUS OF RECEIVING INSTRUCTION ON THE RIDING OF HORSES BY

FHTRC/ D&J Ranch (INSTRUCTOR). I _____ (PARENT/GUARDIAN)
OF _____

I DO HEREBY RELEASE AND DISCHARGE SAID INSTRUCTOR & THE D & J RANCH (DANE AND JENNIFER WADLEY) OF ANY AND ALL LIABILITY ARISING FROM THE RIDING AND/OR HANDLING OF HORSES UPON THE PREMISES KNOWN AS THE D & J RANCH, INCLUDING BUT NOT LIMITED TO LESSONS, SUMMER CAMP, AND/OR DEFECTS IN RIDING EQUIPMENT (I.E. SADDLES, BRIDLES, ETC...).

I AGREE TO HOLD SAID INSTRUCTOR & THE D & J RANCH HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY THAT MAY BE MADE BY MYSELF OR ANYONE ON MY BEHALF INCLUDING COSTS AND REASONABLE ATTORNEY FEES.

THIS RELEASE IS BINDING UPON MY HEIRS AND ASSIGNS. _____

DATE ___/___/___



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What to Bring:

- Snack (We have a refrigerator for cold items)
- Drink/Water Bottle to be refilled
- Jeans or comparable long pants
- Sunscreen and Hairties
- Boots or tennis shoes for riding (no open-toed shoes allowed)

Helmets and Horses will be provided.