

Camper Application

Name of Camper: _____

Nickname (to appear on badge): _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Full Name: _____ Relationship: _____

Email Address: _____ Phone Number: _____

Camper D.O.B. (mm/dd/yy): _____ Age: _____ Gender: _____

School: _____ Grade: _____ Guidance Counselor: _____

Camper's T-shirt size: Youth: ☐ Small ☐ Medium ☐ Large

Adult: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Does your child/teen take any medications? ☐ Yes ☐ No

Allergies: ☐ None ☐ Food ☐ Environmental ☐ Medication

List allergies: _____

What medication does your child/teen take? _____ ☐ None

Has your child/teen previously attended Trustbridge counseling, camps, or groups? ___

_____

Has your child/teen said or done anything recently that concerns you? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Photo

Please attach a small photo of your child/teen to this form or email a current photo of your child/teen to bereavementevents@trustbridge.com.

**Applications will not be considered complete until a picture is submitted.*



Permissions and Releases

(Initial on all lines)

Medications/First Aid

_____ I give permission to the Family Camp nurse to administer prescription medications and first aid to my child/teen. I also give my permission to Family Camp to take my child/teen to the nearest hospital in the event of an emergency. I also give my permission to Family Camp to call 911 in the event of an emergency.

Liability statement

_____ In consideration for allowing my child/teen to participate at Family Camp, I, for myself and child/teen, release and forever discharge Trustbridge, Inc. and its subsidiaries Hospice of Palm Beach County, Hospice by the Sea, and Hospice of Broward County, its directors, officers, employees, volunteers and agents of all liabilities, claims, actions, damages, costs or expenses which I or my child/teen may have against them arising out of or in any way connected with my participation or my child/teen's participation in this program, including travel to or from the program and including injuries which may be suffered by my child/teen before, during, or after the program.

Authorization to photograph/interview /tape *(optional)*

_____ I hereby give my permission for my child/teen's photo and/or name to be utilized and released for educational, public relations/media purposes, presentations, camp video or brochures.

COVID-19 Precautions

_____ I understand that my child/teen will be expected to abide by all CDC guidelines while attending camp.

I have read and understood all of the above information and authorize my child/teen to participate in Trustbridge's 2022 Family Camp, a program of Trustbridge, Inc.

Camper Name (Printed): _____

Signature of Camper: _____ Date: _____

Parent/Guardian Name (Printed): _____

Signature of Parent/Guardian: _____ Date: _____

☐ I attest that I am this child/teen's parent or legal guardian

Hospice of Palm Beach County
Hospice by the Sea
trustbridge

COVID-19 Liability Waiver and Assumption of Risk

Participant Name: _____

In consideration of being allowed to participate in activities and/or programs hosted by Trustbridge, Inc., the below signed participant/legal representative, agrees as follows:

1: I am aware that the novel coronavirus ("COVID-19") is an extremely contagious virus and that it is currently believed that COVID-19 spreads through person-to-person contact.

2: I am familiar with the Center for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, which are located at https://www.coronavirus.gov and https://www.cdc/gov/coronavirus/2019-ncov/index.html. I accept full responsibility for familiarizing myself with the most recent updates.

3: In addition to the CDC guidelines, I agree to abide by any and all policies or postings published to the general public and/or Trustbridge, Inc. I understand that failure to comply may result in not being able to participate in the activity and/or program.

4: By signing this agreement, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others.

5: I agree that, in the event that I suspect I become exposed to or infected by COVID-19 and I elect to seek testing and/or treatment as a result therefrom, I will be responsible for payment of any and all medical services and testing services.

6: I hereby release and hold harmless Trustbridge, Inc., their employees, agents, directors, officers and representatives and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense EVEN IF ARISING FROM NEGLIGENCE, ACTS OR OMISSIONS OF THE RELEASED PARTIES.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING BELOW I MAY BE WAIVING CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

Participant Signature _____ Date: _____

OR

Legal Representative Signature: _____ Date: _____

Hospice of Palm Beach County
Hospice by the Sea
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Trustbridge Bereavement Informed Consent

CONSENT FOR SERVICES: I hereby voluntarily consent to Trustbridge Bereavement Center to provide bereavement grief support services, including (but are not necessarily limited to) individual support, group support, virtual sessions, or education by employees or authorized agents of Trustbridge, Inc.

CONFIDENTIALITY/PATIENT RIGHTS: I understand that Trustbridge Bereavement Center clinicians maintain confidentiality of client information in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") and other applicable, Federal, State and other regulations. I understand that if I choose to participate in a virtual session, it is my responsibility to be in a private room or space and if not, my conversations may be overheard by others. I have been informed of my rights and have received a copy of Trustbridge's Notice of Privacy Practices and Patient Rights & Responsibilities.

Printed Name of Client: _____

Client's Signature: _____

Client Date of Birth: _____ Date: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____

VINCEREMOS THERAPEUTIC RIDING CENTER
FIELD TRIP FORM
PLEASE COMPLETE ENTIRE FORM

Name:_____ DOB:_____

Home #:_____ Cell #:_____

Address:_____ City:_____ State:____ Zip:_____

Email:_____

In Case of Emergency, Contact (Parent if Minor):_____ Phone:_____

School/Agency:_____

PHOTO RELEASE: _____ I hereby consent and authorize _____ I do not consent to, nor do I authorize: 1) Vinceremos Therapeutic Riding Center and PATH Intl. to use my (my minor's) photograph or image in its print, online and video publications; 2) release Vinceremos Therapeutic Riding Center and PATH Intl., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVD's, website images or written material, incorporating photos/images of me (my minor).

Date:_____ **Consent Signature:**_____
Parent/Guardian Signature.

LIABILITY RELEASE:

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

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;

Initial:_____
Date:_____

VINCEREMOS THERAPEUTIC RIDING CENTER
FIELD TRIP FORM
PLEASE COMPLETE ENTIRE FORM

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.

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: _____

FOR MINORS UNDER 18 YEARS OF AGE:
Print Name of Minor: _____ Phone: _____

13300 Sixth Court North, Loxahatchee, FL 33470 Phone (561) 792-9900 Fax (561) 795-1774