Hope Reins in Texas
1723 Willow Springs, Bulverde, TX 78163
Office: 830-438-8707 **Fax:** 512-558-4596
Email: hopereinsintexas@reagan.com
Website: hopereinsintexas.org

Camp Applicant Contact and Release Form

Applicant name: _____ Date of birth: ____/____/____

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

Home phone: _____ Work phone: _____ Cell phone: _____

Email address: _____

Guardian information (if participant is under 18 years old):

Name: _____ Phone: _____

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

Photo Waiver Release:

- ☐ **I do** authorize **Hope Reins** to use photographs or other media materials taken of me/my child.
- ☐ **I do not** authorize **Hope Reins** to use photographs or other media materials taken of me/my child.
- ☐ **I am aware** of **Hope Reins'** policy for the protection of participants and staff that personal photographs (via cellular devices, cameras, etc.) on Hope Reins premises is not permitted.

Shooting Range Release:

- ☐ **I do** consent to my child using a pellet gun on our shooting range with the supervision of a qualified Hope Reins staff member.
- ☐ **I do not** consent to my child using a pellet gun on our shooting range with the supervision of a qualified Hope Reins staff member.

Release of Liability:

- ☐ I understand and acknowledge the risks of participating and engaging in farm animal activities. I hereby release Hope Reins as well as any instructors, board members, volunteers, or other employees from all claims for damages, injuries or losses sustained while participating and engaging in farm animal activities on Hope Reins premises.

WARNING UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL OR FARM OWNER OR LESSEE IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES, INCLUDING AN EMPLOYEE OR INDEPENDENT CONTRACTOR, RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

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Medical Information: Please list any medical conditions/concerns, allergies, or medications pertaining to the applicant.

_____
_____
_____
_____
_____
_____

In Case of Emergency: Please specify your desires for emergency care if such need were to arise.

- ☐ **I do** authorize **Hope Reins** to provide any medical treatment or transportation deemed necessary in the event of any injury that may occur while at Hope Reins, including the administration of medication.
- ☐ **I do not** authorize **Hope Reins** to provide any medical treatment or transportation in the event of any injury that may occur while at Hope Reins.

Benadryl:

- ☐ **I do** authorize Hope Reins staff to give my child liquid Benadryl in the case of an insect bite or any other environmental need.
- ☐ **I do not** authorize Hope Reins staff to give my child liquid Benadryl in the case of an insect bite or any other environmental need.

Emergency contact name: _____ Phone: _____

Relation: _____

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

Physician: _____ Hospital of preference: _____

☐ Either I have appropriate insurance, or in its absence, agree to pay all costs of medical services as may be incurred on my behalf.

Signature of Parent/Guardian: _____ Date: _____

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