

Horseback Riding Permission Form

MUST be signed by a physician and legal guardian.

The League ~ Camping & Therapeutic Recreation

1111 E. Cold Spring Lane, Baltimore, MD 21239 ~ 410-323-0500

PARTICIPANT INFORMATION

Participants Name: _____ Sex: ___ Male; ___ Female

DOB: _____ Age: _____ Disability (please describe): _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

PHYSICIAN RELEASE:

The League for People with Disabilities, in cooperation with the National Park Service, offers a recreational horseback riding program at Camp Greentop. The riding program is designed to benefit the riders socially and emotionally. Volunteers walk along each side of the horse and there is a trained leader who leads the horse. Each rider should have adequate trunk control to sit on the saddle with only minimal assistance from the side walker.

In order to assure the fullest possible protection and greatest personal benefit from the program each rider is asked to provide the following medical information before being accepted as a rider.

IN MY OPINION THE PARTICIPANT NAMED ABOVE CAN PARTICIPATE IN HORSEBACK RIDING UNDER APPROPRIATE SUPERVISION

Physician's Signature

Physician's Printed Name

Date

Address

Phone

FOR PARTICIPANTS WITH DOWN SYNDROME ONLY: Because of the nature of the activity of horseback riding, individuals with Down Syndrome must be medically cleared and have proof of a negative x-ray for Atlantoaxial Instability to participate.

X-Ray Result: _____ Positive _____ Negative Date: _____

LEGAL GUARDIAN RELEASE:

By signing this Horseback Riding Permission Form, I am granting the above mentioned participant permission to participate in the horseback riding program at Camp Greentop. I am aware that my child must wear hard shoes and long pants to participate in the horseback riding program at camp.

I agree to indemnify, save and hold harmless, and defend The League, United States, Department of Interior, National Park Service, against claims, damages, losses, judgments and expenses arising out of, or from, any act or omission by its officers, employees, participants, or agents, arising out of or in any way connected to activities authorized pursuant to this agreement.

The League Camping and Therapeutic Recreation and/or the National Park Service reserves the right to determine if a participant can not ride. It is League policy that no rider who has rods in their back, unmanaged back condition, an active seizure condition not controlled by medication or who can not sit up independently will not be allowed to ride while at Camp Greentop.

Legal Guardian Signature

Date

Must be completed within one year of attendance!