

CAMP LOOKOUT RELEASE AGREEMENT – HORSEBACK

I understand that there are risks in horseback riding and in dealing with horses. I represent and warrant to you that (camper's first and last name) _____ is physically able to participate in horseback activities. Further, I am willing for (camper's first and last name) _____ to participate and interact with horses while at Camp Lookout, and my signature grants my permission for those activities. You are authorized on my behalf and at my expense to take any needed measures and arrange for such medical and hospital treatment as you may deem advisable in the event of an accident.

I, individually and on behalf of my camper, expressly relieve, release, and discharge Holston Conference Camp and Retreat Ministries and its affiliated Camp Lookout, along with its personnel, from liability for any accident, injury, or damage resulting from my camper participating in the horseback program offered at Camp Lookout. I further agree to fully protect and indemnify Holston Conference Camp and Retreat Ministries and its affiliated Camp Lookout, along with its personnel, from any and all causes of action brought by me or my camper. The intent and purpose of the indemnification agreement is to protect Holston Conference Camp and Retreat Ministries and its affiliated Camp Lookout as to any lawsuit or claim that may be filed by me or my camper.

Signature of Parent: _____

Date: _____

Signature of Other Guardian: _____

Date: _____