

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 name)_____ is physically able to participate in horseback riding activities. I am willing for (camper's name)_____ to participate, and my signature grants my permission. 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 child(ren) 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 child(ren) participating in the horseback riding 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 my child(ren). 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 my child(ren).

Signature of Mother:_____

Date:_____

Signature of Father:_____

Date:_____

Signature of Any
Other Guardian:_____

Date:_____