



## Shady Creek Riding Academy at Shady Creek Farm MEDIA & MEDICAL RELEASE FORM



CAMPER'S NAME \_\_\_\_\_

CAMPER'S NAME \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

Best way to contact you during camp/activity hours: \_\_\_\_\_

If by cell phone, it is OK to contact me via text message: \_\_\_\_ Yes \_\_\_\_ No

EMERGENCY CONTACT \_\_\_\_\_ RELATION \_\_\_\_\_

EMERGENCY CONTACT PHONE \_\_\_\_\_

**MEDIA RELEASE:** I realize that any photos, videos or recordings of myself/my child's likeness taken by Shady Creek Farm (SCF) & Riding Academy (SCA) during camp or other SCF/SCA activities become the property of SCF/SCA and may be used in printed literature or marketing materials, including being posted to SCF/SCA website or FaceBook page or other digital media. I realize that there will be no compensation for use of said photos. SCF/SCA agrees that photos will be used anonymously (names of children will not be posted/used in any format) and in an appropriate manner.

☐ I give permission for SCF/SCA to use my/my child's recording/likeness as described above

☐ I DO NOT give permission for SCF/SCA to use my/my child's recording/likeness as described above

**MEDICAL TREATMENT AUTHORIZATION:** While my child(ren) (above named person(s)) are attending camp or other activities, including but not limited to riding lessons or group events at SCF/SCA, I hereby give permission to SCF/SCA staff to provide basic first aid treatment & care to my child within the scope of their training. SCF/SCA staff agree that, in the case of injury, they will make every attempt to notify the parent/legal guardians and emergency contacts, using information listed above and/or provided on my child's camp registration &/or riding release form. In the event that none of these contacts can be reached in an emergency, I hereby give permission to the physician / medical personnel at the facility selected by the camp director to secure and administer treatment, including hospitalization, for the person(s) named above. I also give permission to the medical personnel / facility selected by the camp director to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and for SCF/SCA staff to provide or arrange necessary related transportation for my child including transportation in private vehicles if necessary. I have provided current insurance information on my child's Riding Release form. If there is a specific medical facility required/preferred, I have listed that on the back of this form and/or on the Riding Release form with insurance info.

**I have listed below any allergies, medications, physical limitations or special considerations SCF/SCA staff or medical personnel should be aware of (including food allergies, as some snacks may be provided during camp).**

Signed \_\_\_\_\_ Dated \_\_\_\_\_

### SCA Office use only \_\_\_\_\_

Date rec'd: Registration \_\_\_\_\_ Media & Medical Release \_\_\_\_\_ Riding Release \_\_\_\_\_

Payment: Deposit \$ \_\_\_\_\_ type \_\_\_\_\_ date \_\_\_\_\_ Bal due \$ \_\_\_\_\_ Bal pd \_\_\_\_\_

Options: Before / after care: M T W Th F Lunch: M T W Th F