

# Urbana Riding Club Summer Kids Club Health & Liability Waiver 2020 – updated

Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC)

Phone (301) 798-8589 Fax (301) 798-8567 Email [urc@urbanaridingclub.com](mailto:urc@urbanaridingclub.com)

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_

EMAIL ADDRESS(please print clearly) \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HEALTH CONCERNS including physical, psychiatric or behavioral problems of which we need to be aware? YES NO If, YES please explain:

Are there any medications, dietary restrictions, allergies or special needs that we need to be aware of to ensure that your child's camp experience is positive? YES NO If yes, explain:

MEDICATIONS: List only those that will be sent with camper. ALL PRESCRIPTIONS MUST BE IN THE ORIGINAL BOTTLE / PACKAGE WITH THE NAME OF THE CHILD AND DOSAGE PRINTED ON THE LABEL. (Emergency medications only please such as epi-pens etc.)

Child's Physician: \_\_\_\_\_ PHONE \_\_\_\_\_

## Immunization Information:

If you reside in the USA- Is your child exempt from any immunizations? YES NO If yes please explain: \_\_\_\_\_

\_\_\_\_\_ If you reside outside the USA what country do you reside? \_\_\_\_\_

\_\_\_\_\_ Please attach Department form DHMH-896 (record of vaccination or immunity)

Swimming Ability if any: \_\_\_\_\_ Does your child need floatation devises? YES NO (Children will still be tested for abilities.)

## AGREEMENTS AND DISCLAIMERS – NOTE: please complete and submit the separate COVID-19 waiver included in this packet.

**AGREEMENT:** In signing this agreement for my child, I certify that he/she is able to participate fully in the program unless otherwise stated in writing to Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC). You may withdraw from any programs with no penalty until May 15th. After May 15<sup>th</sup> date you will forfeit all costs unless placement is filled from waiting list. I understand and agree to the policies and tuition obligations stated here and in the URC brochure/website.

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

I give URC permission to use any photographs or video displays of my child for promotional purpose or other legitimate reason.

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

**REGULATIONS:** The directors reserve the right to ask any person who is disruptive in any way not to return. Due to the variety of activities and open areas, for the safety of your child, it is essential that he/she can follow directions. There will be no refunds for persons asked not to return.

**INFORMED CONSENT AND RELEASE OF LIABILITY.** In consideration of the participant, \_\_\_\_\_ being allowed to participate in the programs conducted by Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC), be transported by Urbana Riding Club buses, and to engage in all activities related to the programs, including but not limited to those listed in the brochure/website, I, the undersigned, on behalf of myself and the above-named participant, do hereby waive, release and forever discharge, and indemnify and hold harmless, Henningsen Equine Ventures, LLC dba Urbana Riding Club (URC) and its officers, agents, employees, and representatives from any and all claims, suits, actions, damages, losses, liability, costs and expenses (including attorneys fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property, including those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with participation by the above-named participant in the program.

**(PLEASE INITIAL)** \_\_\_\_\_

I understand that participation in these programs is potentially hazardous and can result in serious injury, and I am voluntarily allowing the above-named participant to participate in these programs with knowledge of the dangers involved. I hereby expressly assume and accept, on behalf of myself and the above-named participant, any and all risks of injury and death.

**(PLEASE INITIAL)** \_\_\_\_\_

I understand that participation in these programs may not be advisable for certain individuals, including but not limited to persons suffering from heart disease, diabetes, high blood pressure or low blood pressure and other conditions and illness, and persons taking medication. I hereby acknowledge that I have been advised to seek advice from a physician regarding the above-named participant's participation in these programs. I also acknowledge that it has been recommended that the above-named participant have regular physical examinations and consultations with his/her physician as to participation in these programs. I acknowledge that the above-named participant has either had a physical examination and has been given his/her physician's permission to participate, or that I have elected to allow the above-named participant to participate without the approval of his/her physician and I do hereby assume all responsibility for participation by the above-named participant in these programs.

**(PLEASE INITIAL)** \_\_\_\_\_

I certify that I have read and understand all of the foregoing and that, by signing this Informed Consent and Release of Liability, I intend to be bound legally and to bind the above-named participant, and our respective heirs, executors, administrations, successors and assigns.

**Participant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_

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CHILD'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**Kids Club Rates, (Includes Busing & Extended Care, if applicable):** Enroll in any number of weeks at any interval.

Weeks	Kids Club	Ultimate Riders Clubs*	Pit Crew
1 week	\$365 total	\$425 total	\$250 total
2 weeks	\$700 total (\$350.00/wk)	\$840 total (\$420/wk)	\$470 total (\$235/wk)
3 weeks	\$1035 total (\$345.00/wk)	\$1245 total (\$415/wk)	\$690 total (\$230/wk)
4 weeks	\$1360 total (\$340.00/wk)	\$1660 total (\$415/wk)	\$900 total (\$225/wk)
5 weeks	\$1675 total (\$335.00/wk)	\$2050 total (\$410/wk)	\$1100 total (\$220/wk)
6 weeks	\$1980 total (\$330.00/wk)	\$2460 total (\$410/wk)	\$1290 total (\$215/wk)
7 weeks	\$2275 total (\$325.00/wk)	\$2835 total (\$405/wk)	\$1470 total (\$210/wk)
8 weeks	\$2560 total (\$320.00/wk)	\$3240 total (\$405/wk)	\$1600 total (\$200/wk)
9 weeks	\$2880 total (\$320.00/wk)	\$3645 total (\$405/wk)	\$1800 total (\$200/wk)

\*Same rates for Junior Ultimate Riders

**Please select desired programs by checking the boxes below**

Summer 2020	Week 1 6/22– 6/26	Week 2 6/29 – 7/3	Week 3 7/6 – 7/10	Week 4 7/13– 7/17	Week 5 7/20 – 7/24	Week 6 7/27 - 7/31	Week 7 8/3 - 8/7	Week 8 8/10–8/14	Week 9 8/17 – 8/21
Kids Club									
Jr. Ultimate Riders Club									
Ultimate Riders Club									
Pit Crew									

IF POSSIBLE, PLACE MY CHILD IN SAME GROUP AS (FRIEND) \_\_\_\_\_ (must be same gender and close in age)

**NAMES OF PERSONS AUTHORIZED TO PICK UP CHILD DAILY:** *These names are also contacts for emergency in the event you cannot be reached.*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**BUS DROP-OFF/PICK-UP – UPDATE Friday, May 29<sup>th</sup>, 2020: due to COVID-19 restrictions, URC cannot provide a routine bus schedule.**

**You may drop off mornings at any location but must indicate and pre-authorize drop-off location desired in the afternoon.** ☐ URBANA Park & Ride 4:15 ☐ OTHER FRED CO. (see schedule) ☐ GERMANTOWN Milestone 5:00 ☐ GAITHERSBURG Park & Ride 5:25 ☐ CAMP until 5:30

## Payment and Costs:

Payment is now due in full. Subject to availability, you may always add additional weeks or adjust registered weeks of camp at no cost. Withdrawal from camp sessions prior to June 1st, a \$25 office fee will be retained, in addition to the fees for a credit card transaction, if applicable. Withdrawals from camp sessions more than one week before the start of the selected camp week(s), we will retain 50% of program fees. Withdrawals from camp sessions less than one week before the start of the selected camp week(s), we will retain 75% of program fees. If you are registering for multiple weeks and interested in payment installments, contact us for options and pre-authorization for automatic charges to your form of payment.

**Total Amount Due \$** \_\_\_\_\_ **Amount Enclosed \$** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Charge Card: Visa, MC, AMEX#** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **CVV#** \_\_\_\_\_

*I authorize URC to charge the above account for payments related to the services requested in this application.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I authorize URC to automatically charge any balance due on May 15th* YES NO **Please initial:** \_\_\_\_\_

## **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**Henningsen Equine Ventures, LLC, dba Urbana Riding Club (URC) has put in place preventative measures to reduce the spread of COVID-19; however, URC cannot guarantee that you or your child(ren) will not become infected with COVID-19.** Further, participation in any program at URC could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending URC programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at URC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Henningsen Equine Ventures, LLC, dba Urbana Riding Club (URC), Sandra or Jessica Henningsen, or any URC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with me or my child(ren)'s attendance at URC or participation in URC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless URC its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of URC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any URC program.

**Print Name of Parent/Guardian:**

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**Name of URC Participant(s):**

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**Signature of Parent/Guardian:**

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**Date:**

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# MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)  
Center for Healthy Homes and Community Services (CHHCS)  
6 St. Paul Street, Suite 1301  
Baltimore, Maryland 21202-1608  
(410) 767-8417 FAX (410) 333-8926  
Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR			
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> <li>• Prescription medication must be in a container labeled by the pharmacist or prescriber.</li> <li>• Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.</li> <li>• An adult must bring the medication to the camp and give the medication to an adult staff member.</li> </ul>			
II. CAMP INFORMATION			
YOUTH CAMP NAME			
PHYSICAL ADDRESS			
CITY		STATE	ZIPCODE
III. PRESCRIBER'S AUTHORIZATION			
CHILD'S NAME		DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATION NAME	DOSE	ROUTE	
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED (NOT TO EXCEED 1 YEAR)		FROM	TO
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE    ZIPCODE		
PRESCRIBER'S SIGNATURE (Parent cannot sign here) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			
IV. PARENT/GUARDIAN AUTHORIZATION			
<p>I request authorized youth camp operator/staff to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I confirm that, if the medication above is a prescription medication, the child has at some point taken the medication prior to attending camp.</p>			
PARENT/GUARDIAN SIGNATURE		DATE	
HOME PHONE #	CELL PHONE #	WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY			
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>			
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication		DATE
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication		DATE