



## Welcome To Trinity Equestrian Center's RANCH CARE

“Ranch Care” is a fun and exciting non-profit Christian-based child care program offered to kids ages 7 - 12 at Trinity Equestrian Center Kids Kamp, Inc., a 67-acre working horse ranch located 3 miles South of Eau Claire on Hwy 37. It is truly more like a Summer Camp than a Day Care!

Our goal at Trinity is to offer an affordable, unique and fun environment for kids on a real horse ranch. Our program is outdoor-based and is comfortably structured but please know that changes in the weather due to rain or high temperatures will cause us to stay flexible and responsive and use all parts of our facility to the fullest.

Your kiddos will enjoy:

**Recreation** - Horse Fun, Volleyball, Basketball, Pickle Ball, Walking Trails, Fishing, Slip-n-Slide, Walk-thru-the-Bible, Swimming and more.

**Weekly Themes** - Examples are: Getting to Know You Week; Carnival Week; Outdoor Adventure Week; Horse Week; Stars & Stripes Week; Winter Wonderland Week; Super Sports Week; Water Week; Summer Celebration Week; Dr. Seuss Week; Camping Week; Back to School Week.

**Field Trips** - Examples are: Beaver Creek Reserve; EC County Fair; Owne Park; Wagner’s Bowling; Irvine Park, and more.

**Horse’n Around** - All kids will have the opportunity to enjoy weekly horse time (in and out of saddle fun including games, learning activities and lessons).

**Friendships** - New friendships are formed and fostered through a loving, safe and nurturing environment. Kids in our program come from all around the area. How neat it is for them to make connections outside of their neighborhood and make lasting friendships.

**Fun, Fun, Fun** - For rainy or oh-so-hot days, we play board games, crafts and enjoy movies. On top of that, we enjoy the occasional weenie roasts, campfires, hayrides, pizza parties and more.

**Ranch Care is limited to children between the ages of 7 and 12 during the Summer season (June, July, August). Our 2017 program rates are listed in Section 2 of the Ranch Care Agreement.**

**SPACE IS LIMITED SO PLEASE CALL TODAY!**



# Trinity Equestrian Center Kids Kamp Inc. Ranch Care Agreement

This AGREEMENT is entered into this \_\_\_\_ day of \_\_\_\_\_, 2017, between Trinity Equestrian Center Kids Kamp, Inc., hereinafter referred to as PROVIDER and \_\_\_\_\_ hereinafter referred to as PARENTS for the care of \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ hereinafter referred to jointly & severally as CHILD. **I have been referred to your Ranch Care program by \_\_\_\_\_.**

## 1. HOURS OF SERVICE

Under this AGREEMENT, childcare will be provided for the CHILD during the following hours:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEGIN					
FINISH					

- \* It is important that the above hours are adhered to. If the PARENT is late in picking up the CHILD, they are responsible for notifying the PROVIDER as soon as possible so that arrangements can be made. Repeated late pickups can result in termination of this AGREEMENT by the PROVIDER. In addition, PARENT agrees to pay a fee of ten dollars (\$10.00) for each fifteen (15) minute period that the PARENT is late in picking up the CHILD. **PARENT'S Initials** \_\_\_\_\_

## \* 2. RATES & FEES

The agreed upon day care fee for the 12 Week Summer session of childcare [06/05/17 to 08/25/17] is Sixteen Hundred Eighty & 00/100 Dollars (\$1,680.00). This fee is due and payable as follows: \$560 on or before Monday, 06/05/17; \$560 on or before Monday, 07/03/17; \$560 on or before Monday, 07/31/17. Pre-approved overtime services may be provided at the PROVIDER's discretion at the rate of Five Dollars (\$5.00) per fifteen (15) minute period. Overtime that is not pre-approved will be subject to the late pickup fees set forth in Section 1.

In addition, PARENTS agree to a non-refundable enrollment fee of One Hundred Fifty & 00/100 Dollars (\$150.00) for each enrolled child. Said fee shall cover costs for all **craft & activity materials** per section 8 of this AGREEMENT, and all transportation and entrance/participation fee costs for all **field trips** per Section #17 of this AGREEMENT, and shall be paid in full upon registration. **PARENT'S Initials** \_\_\_\_\_

## \* 3. ATTENDANCE

Because program space is very limited and by reservation only, once you have registered and paid your deposit, the entire agreed upon rate in Section 2 "Rates & Fees" is payable regardless of whether the CHILD attends the entire Summer child care session. **PARENT'S Initials** \_\_\_\_\_

**PLEASE TAKE SPECIAL CARE TO REVIEW AND INITIAL EACH SECTION MARKED WITH AN ASTERICK**

\* **4. PAYMENTS**

Payments are promptly due per the terms of Section 2 "Rates & Fees". If a payment for childcare is late, a late payment fee of Ten Dollars (\$10.00) will be assessed. In addition, the child will not be allowed to continue attending day care services until payment due is made in full. Repeated late payments can result in termination of this AGREEMENT by the PROVIDER. Any returned check fees will be the responsibility of the PARENTS. If the bank returns one (1) check, the PROVIDER reserves the right to demand that all future payments be made in the form of cash or money order only. **PARENT'S Initials** \_\_\_\_\_

\* **5. TERMINATION OF SERVICE**

The PROVIDER may terminate this AGREEMENT immediately in the event of:

- the CHILD's behavior endangers the CHILD, the other children or the PROVIDER.
- repeated violations of this agreement by the PARENTS.
- Non-payment in advance for Ranch Care services, in which case PARENT shall remove the child immediately upon request of PROVIDER to do so. **PARENT'S Initials** \_\_\_\_\_

\* **6. HOLIDAYS**

Ranch Care will be closed and no childcare services will be provided during the following holidays: 4th of July, 2017. **PARENT'S Initials** \_\_\_\_\_

**7. VACATION**

Vacations may be taken at any time, however there shall be **no vacation credit** given as our staffing costs are based on a full summer session.

**8. SUPPLIES & MATERIALS**

The PARENTS will be responsible for providing the following supplies to the PROVIDER for use in the care of the CHILD: **Water Bottle, Sunscreen**. All other supplies utilized by each child throughout the Summer session for crafts and all other activities will be provided by PROVIDER, the cost of which is included in the enrollment fee per section #2 of this AGREEMENT.

**9. MEALS & SNACKS**

Daily lunch shall be provided for the CHILD by the PARENTS. Two snacks, an AM (before lunch) snack and a PM (after lunch) snack will be provided for the CHILD by the PROVIDER.

**10. CHILD'S ILLNESS**

If the CHILD is exhibiting any of the following symptoms, the CHILD will not be accepted for that day and alternate care arrangements shall be made by the PARENTS: bodily temperature exceeding 100 degrees, vomiting, diarrhea.

Should the CHILD begin to exhibit any of the above symptoms, the PROVIDER may notify the PARENT and request immediate pickup of the CHILD. This policy is implemented to ensure the safety and well being of the other children in the daycare and the PROVIDER.

**PLEASE TAKE SPECIAL CARE TO REVIEW AND INITIAL EACH SECTION MARKED WITH AN ASTERICK**

**11. GUIDANCE POLICY**

The technique of "timeout" will be used in the event the child misbehaves. The PROVIDER will use the opportunity to explain why the CHILD's actions were inappropriate and to give the CHILD time to reflect upon their actions.

If a CHILD becomes abusive or poses a danger to the CHILD or other children, the PROVIDER reserves the right to require immediate pickup and/or terminate this AGREEMENT in the interest of safety.

**\* 12. CHILD RELEASE POLICY & PICKUP AUTHORIZATION**

Under no circumstances will the CHILD be released to anyone other than the PARENTS and the following individuals who have PARENT's permission to pickup CHILD from daycare:

Printed Name	Relationship	Phone	PARENT Signature
Printed Name	Relationship	Phone	PARENT Signature
Printed Name	Relationship	Phone	PARENT Signature

**13. CONTACT INFORMATION**

Father: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Contact: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Contact: Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Medical:** Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Is your CHILD up-to-date on shots? ( YES / NO ) Date of last checkup \_\_\_\_\_

Preferred Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE TAKE SPECIAL CARE TO REVIEW AND INITIAL EACH SECTION MARKED WITH AN ASTERICK**

\* **14. EMERGENCY TRANSPORTATION AND TREATMENT AUTHORIZATION**

In the event that I can not be reached to make arrangements for emergency medical or dental care for my CHILD,

I ( grant / decline ) permission for the PROVIDER to take my CHILD to the medical service listed in Section 13 "Contact Information" for treatment for any accident or illness as deemed necessary by the PROVIDER.

I accept full liability for all treatment and ambulance expenses associated with medical services rendered per this authorization.

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Signature	Printed Name	Relationship
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**DECLINE OPTION:**

I wish the following alternative action to be taken in the event of a medical or dental emergency:

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Signature	Printed Name	Relationship
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**15. CHILD'S HEALTH RECORD & MEDICATION PERMISSION**

The CHILD's health record & medication permission is attached as Addendum A to this AGREEMENT.

**16. HORSE RELATED ACTIVITIES**

- \* Ranch Care provides each child an opportunity to participate in supervised horse related activities such as riding, grooming, tacking, etc., at no charge as part of the agreed upon rate in Section 2 "Rates & Fees". In that event, PARENTS of all participants are required to sign the liability release form attached as Addendum B to this AGREEMENT.

I ( grant / decline) permission for my CHILD to participate in all supervised horse related activities offered by the PROVIDER per this Section.

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Signature	Printed Name	Relationship
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\* **17. FIELD TRIPS**

Example field trips taken in prior years included the following destinations, the costs for which are included in the enrollment fee: Chippewa Valley Airport, Beaver Creek Reserve, Saint Paul Science Museum, Shrine Circus, Skate America/Hoffy's, Chaos Water Park/Eau Claire Junior Fair, Nursing Home Visit, Micon Theater/Irvine Park/Grammy B's, Children's choice trip w/picnic. Field trips may vary from year-to-year.

I ( grant / decline) permission for my CHILD to participate in any and all field trips offered by the PROVIDER

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Signature	Printed Name	Relationship
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**Any CHILD not permitted to attend the field trip events will be allowed to remain at the Trinity Equestrian Center facility where alternative activities will be provided.**

**18. CHRISTIAN-BASED PROGRAM**

Trinity Equestrian Center Kids Kamp, Inc., programs are Christian based. The "Ranch Care" program will include some Christian-based activities, ie., Walk Through the Bible, WWJD Adventures, etc., By signing this agreement, you are acknowledging your permission for your child to participate in these activities.

\* **19. AUTHORIZATION SIGNATURE(S)**

By signing this AGREEMENT, PARENTS acknowledge that they have read and understand all provisions of this AGREEMENT and all parties agree to abide by the policies and procedures specified herein.

**PARENT (Father)**

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Signature	Printed Name	Date
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**PARENT (Mother)**

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Signature	Printed Name	Date
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**PROVIDER**

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Signature	Printed Name	Date
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\* **IMPORTANT & REQUIRED: (PLEASE CONFIRM)**

***ALL SECTIONS DENOTED WITH AN ASTERISK (\*) REQUIRE EITHER A SIGNATURE OR INITIALS***

ADDENDUM A

CHILD'S HEALTH RECORD

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Does your child have any of the following?

Known Allergies/Sensitivities	Circle One	If yes, please describe below
Medications:	YES / NO	_____
Foods:	YES / NO	_____
Other:	YES / NO	_____

Has your child ever had any of the illnesses listed below (circle yes or no)?

Chicken Pox	YES / NO	DATE _____	Measles	YES / NO	DATE _____
Whooping Cough	YES / NO	DATE _____	German Measles	YES / NO	DATE _____
Mumps	YES / NO	DATE _____	Rubella	YES / NO	DATE _____
Rheumatic Fever	YES / NO	DATE _____	Scarlet Fever	YES / NO	DATE _____

(if you answered "Yes" to any of the above illnesses, please list the month / year that it occurred)

Does your child frequently suffer from any of the following (circle yes or no)?

Headaches	YES / NO	Ear Infections	YES / NO
Sore Throats	YES / NO	Upset Stomach	YES / NO
Other (please describe) _____			
_____			
_____			

Non-Prescription Medication Permission

I authorize the PROVIDER to administer the following non-prescription products on an as-needed or as-directed basis, in accordance with the manufacturer's directions (circle yes or no):

Anti-bacterial Ointments	Yes / No	Acetaminophen	Yes / No
Band-aids	Yes / No	Sunscreen	Yes / No
Insect Repellent	Yes / No	Ibuprofen	Yes / No

List any other non-prescription medications that you authorize application of:

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_

## ADDENDUM B

# TRINITY EQUESTRIAN CENTER KIDS KAMP INC. LIABILITY RELEASE FORM

THIS FORM MUST BE COMPLETED BY AND FOR EACH PARTICIPANT  
**PLEASE READ CAREFULLY BEFORE SIGNING**  
Serious Injury May Result from your participation in this activity.  
This stable does not guarantee your safety.

This Liability Release Agreement, hereinafter referred to as RELEASE, dated this \_\_\_\_\_ day of \_\_\_\_\_, 2017, by and between Trinity Equestrian Center Kids Kamp, Inc., hereinafter referred to as "TRINITY" and the following named individual, hereinafter referred to as "PARTICIPANT" [in the case of a PARTICIPANT who is a minor, the parent or legal guardian thereof must co-sign this AGREEMENT], do hereby agree as follows:

1. **REGISTRATION OF PARTICIPANT & AGREEMENT PURPOSE:** In consideration of TRINITY's permission to use TRINITY owned facilities and/or horses, and the signing of this agreement, PARTICIPANT [and PARTICIPANT's parent or legal guardian if PARTICIPANT is a minor] do hereby voluntarily request and agree to participate in equestrian related activities at TRINITY, and that in addition to all other activities, PARTICIPANT may either ride his/her own horse, or trail/school horses provided by TRINITY for the day's activities.

PARTICIPANT'S name & age \_\_\_\_\_  
PARTICIPANT'S address \_\_\_\_\_  
Horse riding experience (check one)  Under 10 hours or  Over 10 hours.

2. **AGREEMENT SCOPE, TERRITORY AND DEFINITIONS:** This RELEASE shall be legally binding upon PARTICIPANT, PARTICIPANT's parent or guardian if PARTICIPANT is a minor, PARTICIPANT's heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of TRINITY's physical location. Any disputes by the PARTICIPANT shall be litigated in and venue shall be the county in which TRINITY is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or any and all other activities relating to the care and handling of horses, ponies, mules or donkeys, whether from the ground or mounted. The term "PARTICIPANT" shall refer to the above registered individual and the parents or legal guardian thereof if a minor, as a person who rides a horse mounted or otherwise handles or comes near a horse from the ground.
3. **ACTIVITY RISK CLASSIFICATION:** PARTICIPANT understands that horseback riding is classified as a "RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY" and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products), horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.
4. **NATURE OF TRINITY'S TRAIL/SCHOOL HORSES:** PARTICIPANT understands that TRINITY chooses its trail/school horses for their calm dispositions and sound basic training as is required for use for PARTICIPANTS, and TRINITY follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a PARTICIPANT falls from a horse to the ground, it will generally be at a distance of from 3-1/2 to 5-1/2 feet, and the impact may result in injury to the PARTICIPANT. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting or Running from danger.



5. **PARTICIPANT RESPONSIBILITY:** PARTICIPANT understands that upon mounting a horse and taking up the reins, the PARTICIPANT is in primary control of the horse. The PARTICIPANT's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. PARTICIPANT agrees that he/she is responsible for his/her own safety, including that of an unborn child, if PARTICIPANT is pregnant. Pregnant women should ride horses only under the advice of their physician. TRINITY advises pregnant women not to ride horses.
6. **CONDITIONS OF NATURE AND INSPECTION OF PREMISES:** PARTICIPANT understands that TRINITY is NOT responsible for total or partial acts, occurrences or elements of nature that can scare a horse, cause it to fall or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lightening, rain, wind, and domestic animals, insects, reptiles, which may walk, run or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to the weather, temperature and natural and man-made changes in landscape. PARTICIPANT and PARTICIPANT's parent or legal guardian if PARTICIPANT is a minor, have inspected TRINITY's facilities and are satisfied that all premise conditions are reasonably safe for PARTICIPANT's intended purpose, usage and presence upon TRINITY's premises.
7. **SADDLE GIRTHS / NATURAL LOOSENING:** PARTICIPANT understands that saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a PARTICIPANT notices this, he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.
8. **ACCIDENT / MEDICAL INSURANCE:** PARTICIPANT agrees that should emergency medical treatment be required, PARTICIPANT and/or PARTICIPANT's accident/medical insurance company shall pay for all such incurred expenses. PARTICIPANT's accident/medical insurance company is \_\_\_\_\_ and my policy number is \_\_\_\_\_.
9. **PROTECTIVE HEADGEAR WARNING:** PARTICIPANT agrees that PARTICIPANT has been fully warned and advised by TRINITY that PARTICIPANT should purchase and wear protective headgear (equestrian riding helmet), and PARTICIPANT further understands that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some head injuries, and may even prevent death from happening as a result of a fall or other occurrence.
10. **LIABILITY & PHOTO RELEASE:** PARTICIPANT agrees that in consideration of TRINITY' allowing PARTICIPANT's participation in today's activity, under the terms set forth herein, PARTICIPANT, and PARTICIPANT's parent or guardian if PARTICIPANT is a minor, do agree to hold harmless and release TRINITY, its owners, agents, employees, officers, members, instructors, premises owners, affiliated organizations and insurers from legal liability due to TRINITY's ordinary negligence; and PARTICIPANT, and PARTICIPANT's parent or guardian if PARTICIPANT is a minor, further agrees that except in the event of TRINITY's gross and willful negligence, PARTICIPANT, or PARTICIPANT's parent or guardian if PARTICIPANT is a minor, shall bring no claims, demands, actions and causes of action, and/or litigation, against TRINITY and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by PARTICIPANT, PARTICIPANT's minor child or legal ward in relation to the premises and operations of TRINITY, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of TRINITY. PARTICIPANT additionally grants TRINITY permission and all rights to use any photograph of PARTICIPANT, taken on TRINITY premises or at any TRINITY activity, in any TRINITY promotion, marketing effort or social media.

**ALL PARTICIPANTS AND PARENTS OR LEGAL GUARDIANS MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT:**

I/We, the undersigned, have read and do understand the foregoing RELEASE, warnings, release and assumption of risk. I/We further attest that all acts relating to the applicants physical condition, experience & age are true and accurate.

\_\_\_\_\_  
Signature of PARTICIPANT (spouses must sign for themselves)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address in full & home and business phone numbers

**PRIVATE SWIMMING PERMISSION SLIP**

\_\_\_\_\_  
Child's Name

I/We, the undersigned, hereby:      (GRANT)      (DENY)      PLEASE CIRCLE ONE

my express permission for my child to accept the personal and private invitation extended by Toni Mattson for my child to swim from time to time in Toni's personal family swimming pool during very hot days in the Summer.

I understand there will be similar supervision to that of Trinity's Ranch Care program throughout each swimming event.

I also understand that this personal invitation for my child to swim in Toni Mattson's pool is not part of the Ranch Care program or any other Trinity program, but is merely a personal and private invitation.

This notice of my permission decision shall remain valid unless and until rescinded in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Signature    Printed Name    Relationship

\_\_\_\_\_  
Signature    Printed Name    Relationship