

CAMP HUSTON

Episcopal Diocese of Olympia

14725 Ley Road • PO Box 140

Gold Bar, WA 98251

Ph: (360) 793-0441 • Fax: (360) 793-3822 • registrar@huston.org • www.huston.org

Greetings from Camp Huston!

You are registered for **Horse Camp**. Camp will begin with Check-In at **3:00 pm** on **Sunday July 9, 2017**. The session ends at **10:00 am Saturday morning July 15, 2017** with a closing service. Families are invited and encouraged to attend the service.

We're glad that you will be joining us **July 9-15, 2017** for a week of fun, friendship, and discovery! As a Horse Camp participant you will experience 2 to 3 hours a day with your assigned horse, learning how to mount, dismount, and groom, while getting comfortable around your horse. You will learn basic control of a horse in the arena and on the trail. We will travel to the ranch in Gold Bar each morning for our riding lessons with KC Letterman and trained equestrian staff. Campers return to camp for lunch and participate in activities at Camp Huston and with the Horse Camp Discovery Group. The Discovery Group experience is an important part of camp. The process of sharing, learning, and growing together can result in experiences that are new and exciting for everyone. You will also be able to participate in arts and crafts projects, archery, swimming in the outdoor pool, and more! Come with lots of energy, ideas, a positive attitude, and a desire to have fun with others!

An important part of the camp experience is living simply and in harmony with the natural surroundings, so please leave iPods, electronic games, cell phones, and personal sports equipment at home – digital cameras are welcome!

Campers must have long jeans & boots or sturdy shoes with ½ - ¾ inch heels (consider borrowing or buying second-hand boots if you don't have a pair). Camp Huston will provide riding helmets.

CAMP HUSTON PACKING LIST

Please make sure your name is on each item of clothing and equipment. There is no laundry facility, so pack enough clothing to last the entire camp session. Also remember that **socks are mandatory and must be worn at all times**.

- | | | |
|---|---|--|
| <input type="checkbox"/> Warm sleeping bag | <input type="checkbox"/> Shorts | Optional Items |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Swimsuit | <input type="checkbox"/> White t-shirt for tie-dye (100% cotton works best) |
| <input type="checkbox"/> Tennis shoes | <input type="checkbox"/> Warm pajamas | <input type="checkbox"/> Pen, pre-addressed envelopes, writing paper, stamps |
| <input type="checkbox"/> Hiking boots or extra shoes | <input type="checkbox"/> Toiletry articles: towels, soap, toothbrush, toothpaste, comb, tissues, shampoo, etc | <input type="checkbox"/> Shower shoes / flip-flops |
| <input type="checkbox"/> Sweater/sweatshirt | <input type="checkbox"/> Flashlight with extra batteries | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Jacket | <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Daypack |
| <input type="checkbox"/> Rain coat/poncho | <input type="checkbox"/> Hat | <input type="checkbox"/> Bible |
| <input type="checkbox"/> Underwear & socks (at least one pair for each day at camp) | <input type="checkbox"/> Insect repellent | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Shirts | <input type="checkbox"/> Water bottle | |
| <input type="checkbox"/> Jeans/long pants | | |

Items to Leave at Home:

Candy, gum, and food

Money

Any electronic devices such as cell phones and tablets

Weapons, including pocket knives

Pets or animals

SEE YOU THIS SUMMER!

Bill Tubbs, Director

Alex Flannagan, Assitant Director

INFORMATION FOR PARENTS

Camp will begin with check-in at 3:00pm on Sunday July 9, 2017. The session will end at 10:00am on Saturday, July 15, 2017 with a closing service at St. John in the Woods. Families are invited and encouraged to attend the service.

Registration: If you have any questions about your registration, please contact the Camp Registrar at registrar@huston.org or mail Camp Huston Registrar / PO Box 140 / Gold Bar, WA 98251 or phone (360) 793-0441.

Check-in: A staff member will direct you where to park. Restrooms are located in the Cascade bath-house (by the pool). Campers and parents/guardians will meet the registrar, the program director, the camp chaplain, and the camp nurse before heading to the cabins with a counselor. You are welcome to come see where your camper will be sleeping, then we ask that you say your goodbyes. Staff are ready and available to help throughout the check-in process.

Payment: Final payment and all completed forms are due 30 days before check-in. You are responsible for the full camp fee, unless cancellation is made as described below. To make a payment; log in to the registration portal via www.huston.org, call the office to pay by mastercard or visa, or mail in a check payable to Diocese of Olympia.

Cancellation: Cancellations must be received in writing 15 days before the session begins. We will refund your fee, less the \$75 deposit, if we receive written notice as requested. If you must cancel, please let us know as soon as possible, so that others may attend camp.

Health Form: Complete the online health form, or sign, and return both sides of the health form to Camp Huston *before the beginning of the camp session*. Be sure to sign the release for emergency medical treatment. Your camper will not be allowed to check in if this release is not signed. A physical exam within the past 6 months with a doctor's signature is recommended but not required. **The signed and completed health form must be returned to Camp Huston before your arrival.** During camp, parents will be contacted in the event of a health concern, illness, or injury that does not progress as expected, or a situation requiring medical treatment outside of camp. (Please make a copy of the signed medical form for your records.)

Medication: All prescription and non-prescription camper medications are collected by the camp nurse at check in, for your child's and everyone's safety. Medications must be in the original containers, with the original label showing the camper's name and doctor's directions for administration. Our medical staff fully controls medication dispensing in accordance with the doctor's prescription. Be sure to pack enough for the entire camp session. Please have prescription and non-prescription medications such as vitamins, herbal supplements, pain relievers, creams, etc. readily available to hand in to the camp nurse at check in. Campers on psycho-therapeutic medication must be on the prescribed dose for a minimum of three months prior to arrival at camp. **Inhalers:** Even if your camper doesn't frequently need his or her inhaler, please bring it! The environment and activities at camp can affect breathing differently than at home.

Communication from home: Letters, postcards, emails, and non-food care packages to campers are encouraged! Snacks are provided – please do not send food (candy, gum, etc.). Your camper will not need money, as there is no camp store. All campers receive a Camp Huston T-shirt on the last day of camp. Campers will not be called to the telephone, although arrangements can be made to talk to your camper in case of an emergency. Email may be sent to your camper at registrar@huston.org with your camper's full name in the subject box. Email will be delivered that day if received before 11am or the following day if received after 11am. Email sent the last day of the session will not be delivered.

Personal Property: Camp Huston does not permit the possession or use of alcohol, drugs, or weapons. Personal sports equipment should be left at home. During the session, no personal vehicles are allowed into lower camp. The speed limit on camp property is 10mph. Animals are not permitted to stay at camp.

Early dismissal: In the event a camper must return home early, for a medical or behavioral reason; parents or guardians are responsible to pick up the camper immediately upon notification. Smoking is not permitted and possession of illegal drugs, alcohol, or weapons will result in immediate removal from camp. There is no refund for campers who must leave early.

If your child has any special needs or requires special attention in any way, please call us to see how we can set your child up for success. We want to provide the most enjoyable and rewarding experience possible. Thank you!

HUSTON CAMP AND CONFERENCE CENTER

HEALTH FORM 2017

P.O. Box 140, Gold Bar, WA 98251 ~ Ph: (360) 793-0441 ~ Fax: (360) 793-3822

The Release for Emergency Treatment on the reverse side must be signed by a parent/guardian.

Without your signature, your camper will not be allowed to check in at camp.

CAMPER NAME:

PERSONAL INFORMATION

Camper's Name: Birth date: Sex: Age:

Parent/Guardian/Spouse:

Home Address: City: State: Zip:

Phone(s) - Cell: Work/Home:

Emergency Contact: Relationship: Phone:

Camper's Doctor/Clinic: Phone:

Address: City: State: Zip:

Do you have medical insurance? Yes No Policy #: Carrier:

PARTICIPANT'S HEALTH HISTORY: PLEASE CHECK

Table with 3 columns of health conditions and checkboxes for YES/NO. Conditions include Asthma, Heart Defect/Disease, Seizures, Diabetes, Recent Hospitalization, ADD/ADHD, Head Lice, Bed Wetting, Sleep Walking, Fainting, Headaches, Tuberculosis, Ear Infections, Allergies, and Other.

ALL IMMUNIZATIONS REQUIRED FOR SCHOOL ARE UP TO DATE:

YES NO

Date of last tetanus booster shot:

List all allergies (food and/or drugs):

List recent illnesses or past medical treatment:

List current medications (prescribed or over the counter) and dispensing instructions:

Is there any special medical or dietary restrictions or care needed?:

Describe any camp activities from which the camper should be exempted for health reasons (swimming, hiking, games, etc.):

Use this space to provide a description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:

SIGNATURE OF PARENT/GUARDIAN: DATE:

RECOMMENDED PHYSICAL EXAMINATION: We strongly encourage a physical examination by a licensed medical provider within 6 months of your arrival at Huston. This will help ensure the safety of every child who attends camp.

PLEASE NOTE - HEALTH EXAMS ARE NOT REQUIRED TO ATTEND CAMP HUSTON

Check the: nose, throat, skin, heart, hernia risk, abdomen. Comments:

List any prescription medications to be sent to camp, and conditions they are treating:

I examined the individual named above on (date) and have reviewed the Health History. It is my opinion that this person is physically able to engage in camp activities except as noted. Restrictions:

Signature: Date:

SESSION #:

NO ONE WILL BE ADMITTED WITHOUT THIS FORM Please complete both sides.



THE FOLLOWING MUST BE COMPLETED



UNLESS THIS FORM IS SIGNED BY A PARENT OR GUARDIAN, THE CAMP CANNOT GET EMERGENCY HELP FOR YOUR CHILD IN CASE OF INJURY. THANK YOU FOR YOUR COOPERATION.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

PARENT'S AUTHORIZATION: This Health History is correct so far as I know and _____ (camper's name) herein described has permission to engage in all described camp activities except as noted by me and the examining physician. I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to dispense medications and to seek emergency medical treatment; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PARENT'S AUTHORIZATION: I, the undersigned parent/person having legal custody/guardianship of the above named minor, hereby give permission for the minor to participate in the Camping Programs of Camp Huston. I give permission for individual or group photographs or video footage of my child to be used by the camp for historical and/or promotional purposes. I have read the description of the program in the camp brochure, and camp session letter. I understand that the program includes such activities as long hikes, sleeping outside in tents, cooking around a campfire and group discussions. The minor is physically able and mentally prepared to participate in all camp activities. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the camp program. I will not hold Camp Huston or the Dioceses of Olympia Inc. liable for any injuries incurred during the program whether caused by equipment or the acts of omission of others excepting damage or injury solely caused by the willful misconduct or negligence of Camp Huston or its employees or agents.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

CAMPER AGREEMENT

I have read the letter for my session at Camp Huston and am looking forward to my stay. I am willing and able to participate fully in all camp activities. I will do my best to work with others, to respect the property of Camp Huston, other campers, and the camp staff. I understand that failure to live up to this agreement might result in early dismissal from Camp Huston without a refund.

SIGNATURE OF CAMPER _____ **DATE** _____

NO ONE WILL BE ADMITTED WITHOUT THIS FORM
Please complete both sides.

<i>FOR OFFICIAL USE ONLY</i>	
How are you feeling?	Health House Screening
	Hair <input type="checkbox"/>
Any changes since you sent in your form?	Hands <input type="checkbox"/>
	Feet <input type="checkbox"/>
Have you been exposed to any communicable diseases?	Toes <input type="checkbox"/>
Do you have any prescription or over the counter medications?	Comments:

RELEASE, WAIVER OF LIABILITY, AND INDEMNIFICATION AGREEMENT

READ BOTH SIDES CAREFULLY BEFORE SIGNING

- 1. THE SCOPE OF MY ACTIVITIES:** I have chosen for my child to participate in a horseback riding camp through Huston Camp & Conference Center and Skyland Ranch Inc. (the "Equine Activities Providers") and to engage in other horse-related and recreational activities at a property located at Let 'Er Buck Coral (the "Property"). I understand that Huston Camp & Conference Center and Skyland Ranch Inc. are legally separate entities, with no common ownership, and that neither acts as an agent for the other or is liable for the actions of the other. In consideration of the permission for my child to be present on the Property and to participate in the preceding activities, I agree to the terms contained in this Agreement.

- 2. RISKS OF MY ACTIVITIES:** I understand that:
 - a. Working with horses is a dangerous activity and that while doing so (1) my child may suffer serious bodily injury including but not limited to broken bones, head or neck injuries, partial or complete paralysis, dismemberment, trauma, pain, suffering, or death, (2) the horse that my child is working with can be injured or die, and (3) my child's or my property may be damaged.
 - b. My child may encounter or be exposed to certain physical hazards, risks, and dangers including, but not limited to (1) dangerous conditions on the Property, including both obvious and hidden dangers; (2) uncontrolled or unforeseen equine behavior including that the horse may be difficult to control or excitable; (3) equipment failure; (4) falls; (5) being thrown, kicked, knocked over, bitten, or stepped on; (6) forces of nature including wind, weather conditions, or movement or noise which may frighten or cause the animal to move suddenly; and (7) accidents.
 - c. My child may encounter other hazards of which my child and I are totally unaware.
 - d. Horseback riding involves such things as crossing creeks, galloping over uneven terrain, and being in strange places under adverse weather conditions which could result in injury to my child and the horse my child is riding.
 - e. Equine activity is inherently dangerous and equines have (1) the propensity to behave in ways that may result in injury, harm, or death to persons on or around them; (2) unpredictable reactions to outside stimulation such as sounds, sudden movement, or unfamiliar objects, persons, or other animals; and (3) collisions with other animals or objects.
 - f. A participant may act in a negligent manner that may contribute to injury to the participant, others, or my child such as failing to maintain control over the animal or not acting within his or her ability.
 - g. Under Washington state law (RCW 4.24.540) an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, and that the Equine Activity Providers are equine activity sponsors or equine professionals as provided in RCW 4.24.540.
 - h. No warranty of any kind, express or implied, is being made as to the habits, disposition, suitability, nature, or physical condition of any particular animal.

- 3. I AGREE TO ASSUME THE ABOVE RISKS:** I hereby freely assume the above mentioned risks and any harm, injury, loss, or death that may occur to my child or my child's property or my property while on the Property or traveling to or from the Property, including any risks caused by the negligence of the Equine Activity Providers or any of the Equine Activity Providers' employees, officers, or contractors, or any other persons present on the Property. All of the foregoing persons and entities are collectively referred to as "the Released Parties" in the rest of this document.

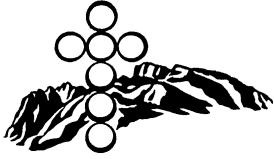
- 4. RELEASE OF LIABILITY: I HEREBY RELEASE the Released Parties (defined in Section 3) FROM ALL LIABILITIES, CAUSES OF ACTION, CLAIMS, AND DEMANDS that arise in any way from any injury, death, loss, or harm that occur to my child** or to any other person or to my child's property or to my property while my child is at the Property or traveling to or from the Property. This release is limited to claims for the negligence of the Released Parties and claims for strict liability for abnormally dangerous activities. This release does not extend to claims for gross negligence, intentional or reckless misconduct, or any other liabilities that Washington law does not permit to be excluded by agreement.
- 5. INDEMNIFICATION, HOLD HARMLESS, AND DEFENSE:** I promise to **INDEMNIFY, HOLD HARMLESS, AND DEFEND** the Released Parties (defined in Section 3) against any and all claims to which Section 4 of this Agreement applies, including claims for their own negligence. I also promise to **INDEMNIFY, HOLD HARMLESS, AND DEFEND** the Released Parties against any and all claims for my child's negligence, and any other claim arising from my child's conduct. In accordance with these promises, I will reimburse the Released Parties for any damages, reasonable settlements, and defense costs, including attorneys' fees, that they incur because of any such claims made against them. I agree that in the event of my death or disability, the terms of this agreement, including the indemnification obligation in this Section, will be binding on my estate, and my personal representative, executor, administrator, or guardian will be obligated to respect and enforce them.
- 6. MY CHILD'S PERSONAL FITNESS AND MY CHILD'S AGREEMENT TO FOLLOW RULES:** I agree that my child will be physically capable of participating in the activities described in Section 1 of this Agreement and that my child does not have any conditions that would put my child at risk while participating. My child also agrees to abide by all rules and the instructions of the Equine Activity Providers.
- 7. SEVERABILITY:** I agree that the purpose of this Agreement is that it shall be an enforceable release of liability and indemnity as broad and inclusive as is permitted by Washington law. I agree that if any portion or provision of this Agreement is found to be invalid or unenforceable, then the remainder will continue in full force and effect. I also agree that any invalid provision will be modified or partially enforced to the maximum extent permitted by law to carry out the purpose of the agreement.
- 8. APPLICABLE LAW, FORUM, AND ATTORNEYS' FEES:** This agreement is governed by and shall be construed in accordance with the laws of the state of Washington, without any reference to its choice of law rules. I agree that any dispute arising from this Agreement or in any way associated with the activities shall be brought only in the Superior Court of Snohomish County or in the U.S. District Court for the Western District of Washington, and I agree to the jurisdiction and venue of those courts for any such dispute. In any litigation in which the validity or enforceability of this agreement is contested, I agree that the prevailing party will pay all attorneys' fees and costs of the parties seeking to uphold the agreement.

I have fully informed myself of the contents of this agreement by reading it before signing it. No oral representations, statements, or other inducements to sign this Agreement have been made apart from what is contained in this document.

Name of Camper (printed): _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (printed): _____



Camp Huston
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HORSE AND BUCKAROO CAMP
VAN PERMISSION FORM

Please return the Van Permission Form, along with the Health Form, and final payment to **Camp Huston at least 30 days prior to the beginning of camp.**

Vehicles will be used to transport the campers, staff, and gear to the location of our planned Horseback riding activities. Licensed and insured Camp Huston staff will drive vehicles. While in vehicles, campers are expected to wear seat belts at all times and follow the driver's directions.

If you have any questions or concerns, please feel free to call us at the number above.

Thanks!

Bill Tubbs, Director
 Alex Flannagan, Assistant Director

VAN PERMISSION FORM
 PARENT / GUARDIAN RELEASE

I give permission for my child _____ to be transported from Camp Huston to the various locations of the activities. I agree to not hold the Diocese of Olympia, Camp Huston, or any employee or volunteer thereof liable for any accident or injury resulting from this transportation.

Signature of Parent/Guardian _____ Date _____

Camper's Name _____

Session Attending (please indicate one):
 ___ HORSE CAMP (July 9-15)
 ___ INTERMEDIATE HORSE CAMP (July 30-August 5)
 ___ BUCKAROO CAMP (August 13-19)

Return this half of the form to the Camp Huston Registrar, along with the Health Form, Release and Indemnification Agreement, and final payment. Thank you!