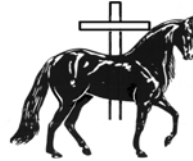




8640 Cattle Trail Rd, Midway, Tx. 77447

Richard Ledbetter
Cathy (Starbuck) Ledbetter
Phone (903) 344-2806



Fax (903) 344-1052
E-Mail mail@pasodefe.com
Web www.pasodefe.com/camp

Release and Hold Harmless Agreement

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including, without limitation, bodily injury and physical harm to the horse, rider and/or spectator. It is understood that all actions and reactions of horses cannot be predicted. Sounds, sudden movements, unfamiliar objects, people or other animals may cause unpredictable behavior that may result in physical injury or in extreme cases, death.

In addition, it is understood that the undersigned shall hold Amigos de Fe, El Paso de Fe, Richard and Cathy Ledbetter and/or their families, employees or agents, harmless from any claim resulting from death, damage and/or injury to persons, property or animals and I do hereby bind my heirs, successors, administrators, and assigns hereto, and agree to pay any and all legal fees and/or expenses incurred in defense of such claims, losses or injuries.

Therefore, in consideration for the privilege of riding and handling horses and/or participating in all activities during Amigos de Fe Camp at El Paso de Fe located at 8640 Cattle Trail Rd. Midway, Tx. or any other location where El Paso de Fe and/or Amigos de Fe Camp horses or personnel are, the undersigned agrees to hold harmless and indemnify Amigos de Fe and/or El Paso de Fe and their families, management, agents and/or employees, and further release them from liability or responsibility for accident, damages, injury or illness to the Undersigned or to any horse or property owned by the undersigned, or other persons accompanying the undersigned on the premises.

I am allowing my child _____
to participate in Amigos de Fe Summer Camp, and to ride in camp authorized vehicles.

In the event of accident or illness, if I can not be located, I give my permission for Cathy or Richard Ledbetter, or any member of their staff to take my child to the doctor or emergency room for treatment.

Insurance Company Name _____ Policy # _____

Address _____ Phone # _____

Signature of Legal Parent/Guardian _____ Address _____

Print Name _____ Home Phone _____ Work Phone _____

Subscribed and sworn before me: the undersigned authority on
this _____ day of _____ 2003

Notary Public in and for _____ County, Texas

My commission expires: _____

**Health History
for Children, Youths and Adults
Attending Camps**

Form FM 08

El Paso de Fe

(903) 344-2806

8640 Cattle Trail Rd. Midway, Tx. 75852

E-Mail mail@pasodefe.com



Developed and Approved by the
American Camping Association
with the American Academy of Pediatrics

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care.
(This side to be filled in by parents/guardian of minors or by adult campers/staff members themselves)

Name _____ Birthdate _____ Sex _____ Age _____
last first initial

Parent or Guardian (or spouse) _____

Home Address _____ Phone _____
Street No. City State Zip Area Number

Business _____ Phone _____
Street No. City State Zip Area Number

Second Parent or Guardian or Emergency Contact _____

Home Address _____ Phone _____
Street No. City State Zip Area Number

Business _____ Phone _____
Street No. City State Zip Area Number

If not available in an emergency, notify

Name _____

Address _____ Phone _____
Street No. City State Zip Area Number

Health History

(Check, Give Approximate Dates)

- Frequent Ear
- Infections**
- Heart Defect/Disease
- Convulsions.
- Diabetes.
- Bleeding/clotting

- Disorders.**
- Hypertension.
- Mononucleosis.

- Diseases.**
- Chicken Pox.
- Measles.
- German Measles.
- Mumps.

- Allergies (Dates Not Needed).**
- Hay Fever.
- Ivy Poisoning, Etc.
- Insects Stings.
- Penicillin.
- Other Drugs.
- Asthma.
- Other (Specify) _____

Operations or Serious Injuries (Dates) _____

Dietary Restrictions _____

Current Medications (send with instructions) _____

Other Diseases _____

Name of dentist/Orthodontist _____ Phone _____

Name of Family Physician _____ Phone _____

Do you carry family medical/hospital insurance? Yes No

If so, indicate: Carrier _____ Policy or Group # _____

Carrier Address _____

Suggestions on health related information for camp personnel _____

For Female

Has this person menstruated? _____ If not, as she been told about it? _____

It is so, is her menstrual history normal? Special Consideration _____

Important --- This Box Must Be Completed for Attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribe camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the Camp Director 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. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Witness: _____ Date _____

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor or adult campers/staffer _____ Date _____

*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.



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Horse Camp Enrollment Form

Students name _____

Address _____

Age _____ Birthdate _____

Name of parents/guardians _____

Phone: Home _____ Ms. Work _____

Mr. Work _____

Person (other than parent) to contact in emergency _____

_____ Phone _____

Relationship to camper _____

Health problems, allergies and prescriptions, if any _____

Medications used for Headaches, _____ Stomach-aches _____

Is camper bringing own horse? _____

If so, please provide a brief description as to sex, age, size, disposition, and training level, etc. _____

Is camper bringing own tack? _____

Favorite food _____

Least favorite food _____

Please mark all clothing, personal belongs and tack with camper's name