



**Hope Reins in Texas**  
1723 Willow Springs, Bulverde, TX 78163  
**Office:** 830-438-8707 **Fax:** 512-558-4596  
**Email:** hopereinsintexas@reagan.com  
**Website:** hopereinsintexas.org

### Camp Applicant Contact and Release Form

Applicant name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Guardian information (if participant is under 18 years old):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Photo Waiver Release:

- I do authorize **Hope Reins** to use photographs or other media materials taken of me/my child.
- I do not authorize **Hope Reins** to use photographs or other media materials taken of me/my child.
- I am aware of **Hope Reins'** policy for the protection of participants and staff that personal photographs (via cellular devices, cameras, etc.) on Hope Reins premises is not permitted.

**Shooting Range Release:** In the event that camp activities include shooting range or archery events:

- I do consent to my child participating in pellet gun or archery activities on our shooting range with the supervision of a qualified Hope Reins staff member.
- I do not consent to my child participating in pellet gun or archery activities on our shooting range with the supervision of a qualified Hope Reins staff member.

#### Release of Liability:

- I understand and acknowledge the risks of participating and engaging in farm animal activities. I hereby release Hope Reins as well as any instructors, board members, volunteers, or other employees from all claims for damages, injuries or losses sustained while participating and engaging in farm animal activities on Hope Reins premises.



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**Medical Information:** Please list any medical conditions/concerns, allergies, or medications pertaining to the applicant.

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**In Case of Emergency:** Please specify your desires for emergency care if such need were to arise.

- I do** authorize **Hope Reins** to provide any medical treatment or transportation deemed necessary in the event of any injury that may occur while at Hope Reins, including the administration of medication.
- I do not** authorize **Hope Reins** to provide any medical treatment or transportation in the event of any injury that may occur while at Hope Reins.

**Benadryl:**

- I do** authorize Hope Reins staff to give my child liquid Benadryl in the case of an insect bite or any other environmental need.
- I do not** authorize Hope Reins staff to give my child liquid Benadryl in the case of an insect bite or any other environmental need.

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician: \_\_\_\_\_ Hospital of preference: \_\_\_\_\_

- Either I have appropriate insurance, or in its absence, agree to pay all costs of medical services as may be incurred on my behalf.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_