



**YMCA CAMP MANITOU-LIN  
EQUINE GENERAL LIABILITY RELEASE**

Please read the following agreement and liability release for horseback riding and or horse related activity at YMCA Camp Manitou-Lin before signing:

**WARNING: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**

**ACTIVITY RISK and NATURE OF CAMP HORSES**

As a guest at YMCA Camp Manitou-Lin, I, the undersigned, recognize that YMCA Camp Manitou-Lin is located in a rustic setting with natural and artificial hazards (including surface and subsurface conditions). The undersigned also understands that it is the propensity of an equine to behave in ways that may result in injury, loss, or death. Equines can act unpredictably to sounds, sudden movements, unfamiliar objects, persons, or other animals. It is also understood by the undersigned that there could be a collision with another equine, animal, person, or an object while riding on YMCA Camp Manitou-Lin premises.

**RIDER RESPONSIBILITY**

The undersigned will be given basic riding instruction prior to riding, yet there is a potential for the participant to act or fail to act in a manner that could contribute to injury, loss, or death. I understand that by mounting a horse and by taking the reins that the rider is in primary control of the horse. The rider's safety largely depends on his/her ability to carry out simple instructions and his/her ability to remain balanced aboard the moving equine. For the comfort and safety of the horse and rider, a 200 lb weight limitation is in effect and is variable depending upon ambulatory status, range of motion, and the discretion of the Equestrian Director.

**SIGNER STATEMENT OF AWARENESS**

I/We, the undersigned, have read and do understand and agree to the foregoing agreement, warnings, waiver, and the assumption of risk. We assume the risk of injury from the above danger, and waive liability, if any, of YMCA Camp Manitou-Lin/YMCA of Greater Grand Rapids and its staff and volunteers.

**GENERAL LIABILITY:**

I understand that the YMCA of Greater Grand Rapids assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other activities organized or sponsored by the YMCA of Greater Grand Rapids & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA of Greater Grand Rapids, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the YMCA of Greater Grand Rapids is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

**PHOTO RELEASE:**

We love taking pictures of our guest enjoying their time at Camp Manitou-Lin. We often use these photos in our marketing and promotional efforts. By signing this waiver, you agree to give the YMCA of Greater Grand Rapids and their partners permission to use any media of me or my child at camp for purposes of promoting or interpreting YMCA Programs. If you'd prefer your photo not be used, please let us know in writing prior to your camp experience.

**Name of Participant** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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

Self/Parent/Guardian (circle appropriate title)

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email** \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself or my child. In the event that 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 named person above.

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

Self/Parent/Guardian (circle appropriate title)



**YMCA Camp Manitou-Lin  
1095 Briggs Rd. N  
Middleville, MI 49333**

## **Riding Participation Policy for Outdoor Education and Retreat Programs at YMCA Camp Manitou-Lin**

Riding Horses is considered a high-risk activity and for the safety of all participants, please consider the following policy:

- The participant must be able to mount the horse unaided.
- Follow a three-step command.
- Follow simple directions and observe simple safety rules.
- Demonstrate appropriate behavior and safety judgment.

If a participant has a diagnosis of a cognitive or physical disability, additional paperwork will be required. An alternative horse experience is available for those with special needs with prior arrangements.

In order to provide for the safety of all participants, final decision for suitability and participation will be at the riding instructor's discretion.

### **Contact Information:**

Natalie Hamilton  
Equestrian Director  
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888-909-2267 ext 9225