



**RANCH ADDRESS:**  
 27274 Monument Road  
 Brook Park, MN 55007  
 (320) 438-4001

**MAIL FORM:**  
 Changing Gaits, Inc.  
 P.O. Box 21  
 Brook Park, MN 55007

**Welcome to Changing Gaits!**

- One registration form per participant
- Groups of 10 or max of 15, receive a \$5.00 discount for each participant!
- Offered June 22 & 29; July 13 & 20, and August 10 & 17.
- \$70.00 per participant, per day

**Registration: Youth Horse Day Camp (9a.m. - 3p.m.)**

*Payment and signed waiver form must be received at the time of registration to secure your date. Payment only refundable with a 30-day notice.*

Date(s) Requesting: \_\_\_\_\_

**Contact Information** Circle One: SELF (must be 18) PARENT GUARDIAN ORGANIZATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Youth Information**

*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you male or female? M  F  Do you have medications to take or allergies to certain foods? YES  NO   
 YES  NO  If yes, please explain:

Have you gone horseback riding before?  YES  NO  
*No experience needed!*

Do you have a disability?  YES  NO  
*People with disabilities Welcome!*

If yes, explain: \_\_\_\_\_

**TRANSPORTATION INSTRUCTIONS**

Who will drop you off by 9 a.m.? **Phone** \_\_\_\_\_ **Name:** \_\_\_\_\_

Who will pick you up by 3 p.m.? **Phone** \_\_\_\_\_ **Name:** \_\_\_\_\_

**All transportation to and from the ranch is the full responsibility of the adult participant, parent, guardian, or organization of each participant. Transportation is NOT available by ranch staff.**

# YOUTH SUMMER DAY CAMP PROGRAM!

## OUR MISSION

Changing Gaits is a faith-based 501(c)(3) non-profit organization that partners with horses for equine therapy with a healing bond to educate, mentor, empower behavioral changes, and enhance life skills for all age groups with mental, physical, and emotional disabilities.

## Hello Youth Campers!

Changing Gaits, Inc. is excited to have all of you at the ranch this summer. Our program is all about FUN, making new friends, getting to know our beautiful horses, and having an opportunity to focus on just YOU ... and your relationship with Jesus Christ in your life.

There are two principal reasons why Changing Gaits is so great for youth:

- Our professional staff are excellent teachers at showing young people how our horse's work. Campers will learn new skills, see improved confidence in themselves, and will have a safe and fun filled experience at our day camp!
- Horse work, in many ways, is secondary to personal and social development at Changing Gaits. Modeled by the staff, our campers will be immersed in positive values and perspective while training with Changing Gaits.

### PROGRAM OVERVIEW

-  All youth must be dropped off by 9 a.m. and head to our check in station for check in.
-  Safety instructions and goals for the day will be explained by our founder, Mr. Guy Kaufman!
-  Meet and greet with the horses, our most dedicated and hardworking staff at the ranch!
-  A minimum of one-hour trail ride throughout our 80-acre ranch!
-  Two sessions with our trainers throughout the day, where each participant will receive a special journal where they can record their special day!
-  A one-hour lunch break with a minimum of one additional 15-minute break time.
-  Ranch snacks and refreshments provided during the day.
-  Fun, fun, and then some more fun activities!
-  All youth must be picked up and go through check-out by 3 p.m.
-  A special gift from Changing Gaits!

### WHAT TO BRING

All helmets and safety equipment are provided by Changing Gaits.

-  A bagged lunch with your name on it. Refrigeration is available in the barn area.
-  Participants are encouraged to bring a backpack with a change of clothes (should they want to change at the end of the day), a lite rain jacket or hoody, and an extra pair of socks or shoes (should they need them). Try to be prepared for any hot, cold, or wet weather.
-  Participants should label their backpack with their name.
-  Wear heeled boots or comfortable tennis shoes that you won't mind getting dirty or dusty.
-  Jeans must be worn around the horses at all times. No shorts.
-  Sunscreen

*Our horse camp is a progressive recreational riding program and is not intended to replace formal riding lessons. Trained instructors and guides provide safety information and horse knowledge at the start of each day of camp.*

**Please sign the attached waiver and mail with your registration**

### WHAT NOT TO BRING

-  Any form of electronics, including cell phones. Should a participant need to place a call, there are phones with all ranch assistants.
-  Changing Gaits, Inc. is a smoke free ranch.

If you have any questions, please do not hesitate to contact us at the ranch at:  
(320) 438-4001

We Look Forward  
To seeing YOU  
At Changing Gaits this  
Summer!

Parents: Please know Changing Gaits operates with the utmost safety for all participants of our programs. Parents will be contacted in the event of any minor medical attention needed. For emergencies, we use Welia Hospital, More, MN.

**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Changing Gaits, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CG"), I hereby agree to release, indemnify, and discharge CG, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in therapy programs with horses and horseback riding activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks may include, but is not limited to:** exposure to and travel in rugged terrain, exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; exposure to temperature and weather extremes; losing control of you horse and falling; my own physical condition, and the physical exertion associated with this activity. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Riding a horse requires the participant to balance on the saddle. Accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered.

Furthermore, CG employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CG from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CG's equipment or facilities, **including any such claims which allege negligent acts or omissions of CG.**

4. Should CG or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against CG, I agree to do so solely in the state of Minnesota, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CG on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**  
(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by CG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CG from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_