CAROLINA EQUESTRIAN CAMP
2024 COLLEGE PREPARATORY CAMP APPLICATION
MAY 4-5 AND MAY 11-12

OUR CAMPS ARE OPEN TO ANY AND ALL ENTRANTS LIMITED ONLY BY NUMBERS, AGE, GRADE LEVEL, AND/OR GENDER. IN THE ESSENCE OF SAFETY FOR CAMPERS, COUNSELORS, AND HORSES, IT IS STRONGLY RECOMMENDED THAT PROSPECTIVE CAMPERS BE ABLE TO SAFELY JUMP A HEIGHT OF 2'6" IF PARTICIPATING IN THE JUMPING SEAT CAMP.

CAMPER INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE, HEIGHT</th>
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<tbody>
<tr>
<td>ADDRESS</td>
<td>GRADE</td>
</tr>
<tr>
<td>CITY</td>
<td>PHONE NUMBER</td>
</tr>
<tr>
<td>STATE &amp; ZIP CODE</td>
<td>BARN NAME</td>
</tr>
<tr>
<td>EMAIL</td>
<td>TRAINER'S NAME</td>
</tr>
<tr>
<td>PARENT NAME</td>
<td>TRAINER'S PHONE NUMBER</td>
</tr>
<tr>
<td>PARENT NAME</td>
<td>ALL CORRESPONDENCE CONCERNING CAMP WILL BE SENT TO EMAIL ADDRESS PROVIDED</td>
</tr>
<tr>
<td>PARENT(S) EMAIL</td>
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REGISTRATION OPTIONS
PLEASE SELECT FROM THE FOLLOWING DATES

CAMP DATE
- [ ] MAY 4-5, 2024
- [ ] MAY 11-12, 2024

RIDING INFORMATION PLEASE CHECK YOUR RIDING DISCIPLINE FOR CLINIC

<table>
<thead>
<tr>
<th>JUMPING SEAT</th>
<th>WESTERN</th>
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<tbody>
<tr>
<td>2'6&quot;</td>
<td>HORSEMANSHIP</td>
</tr>
<tr>
<td>3'</td>
<td>REINING</td>
</tr>
<tr>
<td>3'6&quot;</td>
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PLEASE CHECK ONE OF THE FOLLOWING:

- [ ] HORSE RENTAL $850.00
  *NOTE: WE HAVE A LIMITED NUMBER OF AND RENT HORSES ON A FIRST-COME, FIRST-SERVED BASIS.
- [ ] BRING YOUR OWN HORSE $700.00
  *INCLUDES STABLING

- [ ] MARE
- [ ] GELDING

HORSE HEIGHT

APPROXIMATE ARRIVAL DATE/ TIME:

T-SHIRT SIZE
- [ ] ADULT SMALL
- [ ] ADULT MEDIUM
- [ ] ADULT LARGE
- [ ] ADULT XL

DESCRIBE SHOW EXPERIENCE

PLEASE INCLUDE DISCIPLINE, SHOW RATING (IF WESTERN - OPEN, BREED; HUNTER/JUMPER - LOCAL, SCHOOLING, A-CIRCUIT) AND THE NUMBER OF PRACTICE LESSON HOURS PER WEEK. BE SPECIFIC.

EACH WESTERN RIDER MUST HAVE SHOW EXPERIENCE IN THE CORRESPONDING DISCIPLINE THEY WISH TO PARTICIPATE IN.

PLEASE SEE PAGE 2 FOR FURTHER CAMP DETAILS
CAROLINA equestrian CAMP
2024 COLLEGE PREPARATORY CAMP APPLICATION

YOU WILL RECEIVE AN EMAIL CONFIRMATION ONCE YOUR REGISTRATION IS CONFIRMED.

QUESTIONS? CONTACT - BOO MAJOR - CAMP COORDINATOR - FSMAJOR@SC.EDU

CAMPSCHEDULE

WEEK ONE
SATURDAY, 4 MAY 2024
6:45AM - REGISTRATION
7AM - 4PM - CAMP INSTRUCTION

SUNDAY, 5 MAY 2024
7AM - COACHES PANEL DISCUSSION
8:30AM - 3PM - CAMP INSTRUCTION

WEEK TWO
SATURDAY, 11 MAY 2024
6:45AM - REGISTRATION
7AM - 4PM - CAMP INSTRUCTION

SUNDAY, 12 MAY 2024
7AM - COACHES PANEL DISCUSSION
8:30AM - 3PM - CAMP INSTRUCTION

CAMP LOCATION
ONE WOOD FARM
1201 SYRUP MILL ROAD, BLYTHEWOOD, SOUTH CAROLINA 29016

WHAT TO EXPECT?

DURING EACH TWO-DAY CAMP OUR COACHING STAFF WILL WORK ALONGSIDE RIDERS TO FURTHER THEIR FOUNDATION AND UNDERSTANDING OF THE SKILLS NEEDED TO CREATE SUCCESSFUL RIDING IN THE NCEA COLLEGIATE FORMAT! OUR CAMP IS THE PERFECT OPPORTUNITY TO LEARN ABOUT COLLEGIATE RIDING AND LIFE AS A STUDENT-ATHLETE, INCLUDES A TOUR OF OUR FACILITY, LUNCH EACH DAY, A CAROLINA EQUESTRIAN CAMP T-SHIRT, AND GIVES PARTICIPANTS THE CHANCE TO GET A FIRST-HAND EXPERIENCE AT OUR TOP D1 EQUESTRIAN PROGRAM AND WITHIN THE SOUTHEASTERN CONFERENCE! RIDERS WILL HAVE THE OPPORTUNITY TO RIDE MULTIPLE SOUTH CAROLINA HORSES GAINING VALUABLE EXPERIENCE ON DIFFERENT TYPES OF MOUNTS AND WILL BE REQUIRED TO CARE FOR EACH ASSIGNED HORSE.

CAMP COACH BIOS CAN BE FOUND AT: WWW.GAMECOCKSONLINE.COM/SPORTS/EQUESTRIAN/COACHES

TRAVEL

FROM COLUMBIA
I-77 NORTH TOWARD CHARLOTTE TO EXIT 27 (BLYTHEWOOD RD). TURN LEFT ON BLYTHEWOOD ROAD, GO ONE MILE AND TURN RIGHT ON SYRUP MILL RD. TRAVEL 0.8 MILES - ONE WOOD FARM IS ON THE LEFT.

FROM CHARLOTTE
I-77 SOUTH TOWARD COLUMBIA TO EXIT 27 (BLYTHEWOOD RD). TURN RIGHT ON BLYTHEWOOD RD, GO ONE MILE AND TURN RIGHT ON SYRUP MILL RD. TRAVEL 0.8 MILES - ONE WOOD FARM IS ON THE LEFT.

SLEEP
HOLIDAY INN EXPRESS (EXIT 27) - 120 CREECH RD, BLYTHEWOOD, SC 29016
COMFORT INN (EXIT 27) - 436 MCNULTY ST, BLYTHEWOOD, SC 29016
THERE ARE ALSO SEVERAL NEWER HOTELS AT I-77 EXIT 22 (KILLIAN RD)

EAT
FAST FOOD (EXIT 27)
MCDONALD’S, BOJANGLES, HARDEE’S, WENDY’S, KFC, PIZZA HUT, SUBWAY
RESTAURANTS (EXIT 27)
MCNULTY’S, GROUCHO’S, WAFFLE HOUSE, SAN JOSE (MEXICAN), DOKO SMOKE BBQ, CAROLINA WINGS & RIBHOUSE
EXIT 22 - MULTIPLE OPTIONS
EXIT 23 - SCOTIE’S GRILL

**A REGISTRATION FEE OF $200 IS DUE WITH YOUR APPLICATION. NO SPOT WILL BE HELD UNTIL DEPOSIT IS RECEIVED. CAMPER APPLICATIONS ARE TAKEN ON A FIRST-COME, FIRST-SERVED BASIS. BALANCE OF WEEKEND CAMP FEE IS DUE AT REGISTRATION ON THE FIRST DAY OF CAMP

REFUND POLICY $200 DEPOSIT IS NON-REFUNDABLE UNLESS CAMPS ARE FULL WITH A WAITING LIST.

PLEASE RETURN REGISTRATION FORM, DEPOSIT, INSURANCE INFORMATION, & RELEASE TO:

BOO MAJOR  |  CAROLINA EQUESTRIAN CAMP
1304 HEYWARD STREET, COLUMBIA SC 29208
OR, SCAN AND EMAIL TO FSMAJOR@SC.EDU

MAKE CHECKS PAYABLE TO
CAROLINA EQUESTRIAN CAMP

REFUNDBELICY $200 DEPOSIT IS NON-REFUNDABLE UNLESS CAMPS ARE FULL WITH A WAITING LIST.

YOU WILL RECEIVE AN EMAIL CONFIRMATION ONCE YOUR REGISTRATION IS CONFIRMED.

QUESTIONS? CONTACT - BOO MAJOR - CAMP COORDINATOR - FSMAJOR@SC.EDU
This form must be completed and signed by the camper's parent or legal guardian. THIS FORM WILL BE RETURNED IF IT IS NOT COMPLETE. PLEASE PRINT CLEARLY!

CAMPER INFORMATION
Camper's Name__________________________________________________ Social Security# ________________________________________________
Permanent Address______________________________________________ Date of Birth ____________________________________________________
City, State, Zip __________________________________________________ Home Phone # __________________________________________________

MEDICAL EMERGENCY CONTACT INFORMATION
PERSON TO CONTACT FIRST: NAME____________________________ RELATION TO CAMPER_____________________________________________
DAYTIME PHONE #_______________________________________________ EVENING PHONE #_____________________________________________
BACKUP CONTACT: NAME_______________________________________ RELATION TO CAMPER___________________________________________
DAYTIME PHONE #_______________________________________________ EVENING PHONE #_____________________________________________

INSURANCE POLICY INFORMATION
THE ABOVE- NAMED CHILD IS COVERED BY HEALTH INSURANCE: (Circle One) YES - NO
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:
POLICY HOLDER'S (PH) NAME___________________________________ P.H. DATE OF BIRTH_______________________________________________
ADDRESS_________________________________________________________ RELATION TO CAMPER________________________________________
CITY, STATE, ZIP_________________________________________________ OCCUPATION__________________________________________________
PH'S EMPLOYER__________________________________________________ INSURANCE COMPANY_________________________________________
INSURANCE COMPANY'S ADDRESS________________________________________________________________________________________
POLICY #_______________________________________________________ PLAN________________________________________________________

PERMISSION TO TREAT & MEDICAL RELEASE
Check ONE of the following and sign below:

_____ In the event of illness or injury, I understand that every attempt will be made to contact me before medical action is taken. However, in the event of an emergency, I hereby grant my consent for medical treatments and permission for the attending physician or appropriate medical personnel, to hospitalize, secure proper treatment and/or injections, anesthesia, or surgery. I will be responsible for any medical or other charges connected with my child’s attendance at the camp.

___________________________  __________________________   _____________
Parent/ Guardian Name         Parent/ Guardian Signature              Date

DIRECTIONS: TO BE COMPLETED BY LEGAL GUARDIAN. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED. PLEASE PRINT CLEARLY AND ATTACH ANY SPECIFIC RECOMMENDATION FROM YOUR PHYSICIAN TO THIS FORM.

DOES THE CAMPER HAVE ANY OF THE FOLLOWING? (IF YES, PLEASE DESCRIBE)
DRUG ALLERGIES? NO YES— FOOD ALLERGIES? NO YES
ALLERGIES TO INSECTS? NO YES— SPECIAL DIETARY NEEDS? NO YES
ASTHMA? NO YES— FREQUENT HEADACHES? NO YES
DIZZINESS OR SEIZURES? NO YES
LIST: OTHER HEALTH PROBLEMS________________________________________________________________________________________

IS THE CAMPER CURRENTLY TAKING MEDICATION? NO YES- IF YES, WHAT?:_____________________________________________________________________________

PLEASE NOTE: Our staff cannot administer any medications, prescription or otherwise, to campers. This includes over-the-counter medications like Advil or Tylenol for minor headaches or pains. If the camper will need to take medication while attending our camp, he must bring the medication to camp and assume responsibility for taking it as needed.

WILL YOUR SON REQUIRE ANY SPECIFIC TREATMENT FOR A MEDICAL/ EMOTIONAL CONDITION WHILE PARTICIPATING IN OUR CAMP? NO YES
IF YES, PLEASE DESCRIBE:_________________________________________________________________________________________________________________________
MEDICAL HISTORY
IMMUNIZATION DATES: MEASLES_________ MUMPS__________ RUBELLA__________ MMR(COMBINED)_________ LAST TETANUS_________ POLIO SERIES_________
DATE OF LAST CHECK UP_________________________________
REASONS FOR ANY HOSPITALIZATION IN THE PAST 5 YRS? NO YES_IF YES, EXPLAIN__________________________________________________________________________________________________________________________________________

PHYSICIAN’S INFORMATION
PHYSICIAN’S NAME____________________________________________________ADDRESS__________________________________________________________________
CITY, STATE,ZIP_____________________________________________PHONE#_____________________________________________________________________________

LIABILITY, RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE
This is a legally binding Release executed by (camper’s name)_________________________ and by _____________________________(Parent or Guardian name) to the University of South Carolina, Columbia, South Carolina.

In consideration of the Camper being permitted to participate in the camp, l/We do release, waive, forever discharge, and covenant not to sue the institution, its governing board, officers, agents, employees, volunteers, and any students acting as employees (“Releasee”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature which Camper, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Camper or by any property belonging to me, while Camper is in, on, upon or in transit to or from the premises where the camp, or any adjunct to the camp, occurs or is being conducted.

I/We have signed this “Liability Release, Waiver, Discharge and Covenant Not to Sue” in full recognition and appreciation of the dangers, hazards, and risks or such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage. I/We further attest that I/We have fully discussed the aforementioned risks and hazards, and Camper and Camper’s Parent/Guardian agree that Camper has individually assumed the risks involved with this camp as witnessed below.

I/We understand and agree that Releasees do not have medical personnel available at the location of the camp or on the campus. I/We understand and agree the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

It is my/our express intent that this release and hold harmless agreement shall bind the members of Camper’s family and spouse, if Camper is alive, and Camper’s family, estate, heirs, administration, personal representatives, or assigns, if Camper is deceased, and shall be deemed as a “Liability Release, Waiver, Discharge and Covenant Not to Sue” the Above-named Releasees. Camper/Camper’s Parent/Guardian further agrees to save and hold harmless, indemnify, and defend Releasees from any claim by Camper or Camper’s family, arising out of Camper’s participation in the camp.

In signing this Release, Camper and Camper’s Parent/Guardian acknowledge and represent that I/We have fully informed ourselves of the content of this Release of liability and hold harmless agreement by reading it before we sign it, and that I/We have reviewed it and Camper understands what it means and the I/We sign this document as my/our free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I/We further state that there are no health-related reasons or problems which preclude or restrict the Camper’s participation in this camp, and the Camper has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to the Camper.

I/We further agree that this Release shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of the Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I further state that I am fully competent to sign this Agreement, and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Camper, and for Camper’s family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

Parent or Guardian Signature ________________________________________ Date ____________________
In consideration of my Child, the Participant, being permitted to participate in the above Camp/Clinic, I, and on behalf of my Child, agree and understand that:

- My Child will abide by all the rules, guidelines, regulations and code of conduct of USC and/or host/site location requirements;
- My Child may be asked to leave the Camp/Clinic if I or my Child do not abide by the rules, regulations and code of conduct of USC and/or the host site location requirements;
- The instructor has sole authority to make decisions regarding my Child’s continued participation if my Child’s conduct or the circumstances warrant removal, dismissal, discipline or other action including the forfeiture of funds, deposits or fees without notice to me;
- My Child’s participation in this Camp/Clinic is voluntary;
- I recognize that my Child’s participation in the Camp/Clinic carries with it risks, including, but not limited to, injuries, illness, property losses, criminal acts and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this Camp/Clinic and I freely assume the risks and consent to my Child’s participation;
- I further declare that my Child is fit and capable of participating in the Camp/Clinic;
- I understand that by choosing my child to attend a camp/clinic at this time, they will have daily contact with student-athletes, coaches, and other Camp personnel and may be exposed to certain dangers and risks, including but not limited to all risks associated with contracting COVID-19. I understand that COVID-19 can be a serious illness requiring medical treatment, and may result in long-term or permanent injury, or death. I understand the currently known risks associated with contracting COVID-19 and understand that the Camp/Clinic cannot and does not guarantee that my child will not be exposed to COVID-19 during the camp. I therefore assume all dangers and risks inherent in the camp, including but not limited to exposure to COVID-19.

### PHOTO RELEASE

I give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to:

1. Record my Child’s likeness and appearance on video tape, audio tape, film, photograph or any other medium;
2. Use my Child’s name, likeness, voice and biographical material in connection with these recordings; and
3. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which the University of South Carolina, and those acting pursuant to its authority, deem appropriate.

### PARENT PERMISSION FOR PARTICIPANT VEHICLE USE

My Child has permission to use his/her personal vehicle for the following travel purposes during the Camp/Clinic at the University of South Carolina and/or host site facility. The University does not provide automobile liability and/or comprehensive and collision coverage for personal vehicles. Your child will be permitted to use his/her vehicle for ONLY those purposes that you check below:

- Drive to and from camp
- Transport another participant in my Child’s vehicle: (See below)
  - Please list the other participant(s) riding with your child: ____________________
I, furthermore agree that my Child may only be released to the following individual(s) during the USC Camp/Clinic. Parents/Guardians: Please include your names as well as any others authorized to whom to release your child. Please do not ask us to rely on a verbal permission. If you child is riding with another participant, please indicate the driver’s name below.

<table>
<thead>
<tr>
<th>Name*</th>
<th>Relationship*</th>
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My Child MAY NOT be released to the following individual(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>Other Information</th>
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Please attach court or legal documents as appropriate.

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**WAIVER AND RELEASE OF LIABILITY***

Further, in consideration for my Child being permitted to participate in the Camp/Clinic, I, as the natural parent and/or as the legally authorized guardian, do hereby for myself, my family, heirs, personal representatives and assigns, agree not to sue, and I release, waive, discharge, hold harmless and indemnify, and forever defend the Camp/Clinic, State of South Carolina, the University of South Carolina, its members of the Board of Trustees, individually and collectively, its officers, employees, servants, agents and directors, Boo Major LLC from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, including those risks associated with contracting COVID-19, and consequences thereof, including expenses, costs, and attorney’s fees, as may be sustained by my Child or me arising out of or in any way associated with my Child’s participation in the Camp/Clinic.

Under South Carolina law, an equine activity sponsor or 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 equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I warrant I am the parent and or authorized legal guardian of the Participant and I warrant I am 18 years of age or older. I have carefully reviewed and I agree to the terms of this entire document.

<table>
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<tr>
<th>Participant Signature*</th>
<th>Date*</th>
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<thead>
<tr>
<th>Parent/Guardian Signature*</th>
<th>Date*</th>
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<tr>
<th>Witness Signature*</th>
<th>Witness Signature</th>
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**Emergency Contact(s)**

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<th>Name*</th>
<th>Relationship*</th>
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<tr>
<th>Primary Phone Number*</th>
<th>Secondary Phone Number</th>
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