



★ BECOMING CHAMPIONS ★  
HORSEMANSHIP BIBLE CAMP

Cowboys With A Mission | PO Box 490 Meeteetse Wy, 82433 | [rbc@cowboyswithamission.org](mailto:rbc@cowboyswithamission.org)

## Registration Information and Instructions

1. Our 4<sup>rd</sup> “**Becoming Champions**” Horsemanship Bible Camp will be held at Cowboys With A Mission in Meeteetse, Wyoming, June 10<sup>th</sup> – June 13<sup>th</sup>, 2023 for ages 8 to 18, exceptions will be considered.
2. The Cost per applicant is **\$275**. If registered by May 1<sup>st</sup> there is a \$50 discount. Students will only be able to participate in one clinicians course. **A non-refundable deposit of \$50 is due by May 1<sup>st</sup>** to insure your registration. The final payment is due upon check-in on June 10<sup>th</sup>. Each clinic will have a maximum 10 of participants. These spots will be filled on a first-come basis. So please send you application in ASAP!
3. Check in will be at the Cowboys With A Mission office on **Monday, June 10<sup>th</sup> at 4:00 pm to 6:00 pm** (No Earlier!)
4. All Participants must bring a **photocopied proof of insurance** to check in (no exceptions) as well as **Coggins (for out of state) and Heath Papers (for Wyoming)** for horses being brought (no exceptions).
5. Be sure and invite your family and friends to our "Cowboy Church" on Tuesday and Wednesday evenings.
6. Please read all the enclosed information carefully. All forms must be filled out completely to participate in the camp.
7. Send application to:  
Rodeo Bible Camp  
PO Box 490  
Meeteetse, Wy 82433

# Participant Application

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In Case of Emergency Contact : \_\_\_\_\_

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

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

Year in School \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_Female \_\_

Have you participated in any clinics? \_\_\_\_ Yes \_\_\_\_ No, if yes how many? \_\_\_\_

Have you attended clinics before where? \_\_\_\_\_ With who? \_\_\_\_\_

Have you had any injuries in the past 6 months? \_\_\_\_ Yes \_\_\_\_ No

Describe Injury

\_\_\_\_\_

Are you taking any medication? \_\_\_\_ Yes \_\_\_\_ No,  
if so please describe

\_\_\_\_\_

What is your T-shirt Size \_\_\_\_\_

ARE YOU BRINGING ANY HORSES? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

WILL NEED TO HAVE A CURRENT HEALTH PAPERS BEFORE HORSES WILL BE UNLOADED  
HORSES OUTSIDE OF WY WILL NEED CURRENT COGGINS TEST BEFORE UNLOADING



**Event Declaration**

Which Clinic would you like to participate in?

**Beginners Clinic,**

Gaining more confidence and learning how to ride.

**Colt Starting,**

Tackling problem areas in green and young horses.

**Performance Horse,**

Helping to train horse and rider in the performance horse area.

**All Participants must bring/send a photo copied proof of insurance to be allowed to participate!!!**



**MEDICAL RELEASE STATEMENT**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
                    First                      Middle Initial                      Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_M \_\_\_\_F Height \_\_\_\_\_ Weight \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Please list any allergies/reactions your child may have to medication, foods, flowers, pollens, grasses etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Are there any limitations your child may have pertaining to recreational activities and exercise? (If so please explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for the above-mentioned child to attend Becoming Champion's Horsemanship Bible Camp. In the event of an emergency where medical treatment is required, I give my permission to the Horsemanship staff and sponsors to obtain services of a licensed physician and notify me as soon as possible

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



# COWBOYS WITH A MISSION

## RELEASE OF LIABILITY AND USER INDEMNITY AGREEMENT HORSE AND LIVESTOCK

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied and contracted to participate in any sport or activity dealing with horses and livestock with equipment and services provided by Cowboys With a Mission. By my initials hereon and at each hereafter marked (INITIAL \_\_\_\_\_) I have signified my agreement with and acceptance of the terms, statements, and conditions herein.

I UNDERSTAND AND AGREE that the described sport or activity and all other hazards and exposures connected with the activities conducted in the outdoors do involve risk and that I am cognizant of the risk and dangers inherent with horses and livestock, and in particular in the mountains of Wyoming and that I and I or my family, including any minor children, are fully capable of participating in the activities contracted for and willingly assume the risk of injury as my responsibility, including loss of control or balance in walking or climbing, use of firearms, use of animals, weather, collisions with trees, rocks or other man made or natural obstacles, whether they are obvious or not obvious. (INITIAL \_\_\_\_\_)

I UNDERSTAND AND AGREE that any bodily injury, death, or loss of personal property and expenses thereof as a result of my negligence or the negligence of my family participating in any scheduled or unscheduled activities are my responsibility. I also state and acknowledge that activities associated with camping, climbing, riding of animals, backpacking, hunting, fishing, wilderness travel, and living in the outdoors, crossing of rivers, lakes and streams, immersion in water, weather, and hypothermia (rapid and medically serious loss of body temperature), falling while walking, climbing on an animal or aboard a vehicle are risks of which I am aware and which I assume. (INITIAL \_\_\_\_\_)

I UNDERSTAND AND AGREE that accidents or illness can occur in remote places without medical facilities, physician or surgeon, and that the availability of such facilities or persons may be further limited by weather conditions which may or may not be normal or expected, and that I may have exposure to temperatures or inclement weather and in consideration of and as part payment of the right to participate in the activities associated with horses and livestock, I do hereby agree that myself and my family (including minor children) are in good health and are able to handle the hazards of traffic, weather conditions, exposures to animals, walking, riding of animals, and utilization of equipment whether furnished by me or by Cowboys With a Mission, associated with the activities specified and all related activities. (INITIAL \_\_\_\_\_)

I UNDERSTAND AND AGREE that any route or activity, chosen as part of the horses and livestock in which I and/or my family am participating may not be the safest but has or will be chosen for its interest, challenge, or best meeting the goals of the services for which I am

contracting. Should animals ever be used or are present as part of our activities, I and my family understand that an animal irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fright which likewise is an inherent risk to be assumed by each participant in the activity. (INITIAL \_\_\_\_\_)

AS LAWFUL CONSIDERATION for being permitted by Cowboys With a Mission to participate in the referenced activities, I do hereby **RELEASE FROM ANY LEGAL LIABILITY, AGREE NOT TO SUE, CLAIM AGAINST, ATTACH THE PROPERTY OF, OR PROSECUTE, AND FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS** Cowboys With a Mission or any individual associated with the activity, the United States Forestry Service or Parks Department, any government agency who's property any activity scheduled may be required to utilize, and all of their officers, members, organizations, agents, and employees for any injury or death caused by or resulting from my participation in the activities described above, **WHETHER OR NOT SUCH INJURY OR DEATH WAS CAUSED BY THEIR NEGLIGENCE OR FROM ANY OTHER CAUSE.** (INITIAL \_\_\_\_\_)

THIS CONTRACT shall be legally binding upon me, my heirs, my estate, assigns, legal guardians, and my personal representatives. (INITIAL \_\_\_\_\_)

**I have carefully read this agreement and fully and completely understand its contents. I am aware that I am releasing certain legal rights that I, my family, or my minor children, may otherwise have, and I enter into this contract on behalf of myself and/or my family or minor children voluntarily and of my own free will.** (INITIAL \_\_\_\_\_)

THIS IS A RELEASE OF LIABILITY. IF UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS ALSO REQUIRED.

\_\_\_\_\_  
User – Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if under eighteen (18))

\_\_\_\_\_  
Date



## Photo Release Form

Subject: \_\_\_\_\_ Becoming Champions Horsemanship Bible Camp \_\_\_\_\_

Location: \_\_\_\_\_ Meeteetse, Wyoming \_\_\_\_\_

I give permission and consent for \_\_\_\_\_<sup>Participant's name</sup>\_\_\_\_\_, to allow photographs to be taken of him/her during Horsemanship Bible Camp activities.

I further give permission and consent that any such photographs may be published and used by Cowboys With A Mission, to illustrate and promote the Rodeo Bible Camp experience. For Example: Brochures, Posters, Webpage, Cowboys With A Mission Facebook page. Names will not be published.

I have read and understand the above:

Signed (parent or guardian) \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_