



Healing, Horses, and Heartfelt Connections!



Saturday, April 5, 2025

9:00 am - 6:00 pm

Vinceremos Therapeutic Riding Center  
Loxahatchee, FL

### Who is invited?

Any child or teen aged 8-17 (18 if currently enrolled in high school) residing in Palm Beach or Broward County who has experienced the death of a loved one more than three months prior to the date of the event, and their family members (parents/caretakers, siblings).

### What to expect?

A safe and fun environment to share stories and recognize that having fun and celebrating are still a part of life. Campers will participate in equine therapy\*, art, music, and conversation with grief education and emotional support. Food and drinks will be provided.

\*There will be no riding and all activities are done on the ground. No horse experience is necessary. Closed toe shoes are required.

Hospice of Palm Beach County  
Hospice by the Sea  
trustbridge 

  
Vinceremos  
Therapeutic Riding Center



SCAN ME

Space is limited. Applications are due by 03/21/2025. More information and applications are available at [trustbridge.com/camp](https://trustbridge.com/camp). Please contact the Trustbridge Bereavement Department at 561-227-5175 or email [bereavementevents@trustbridge.com](mailto:bereavementevents@trustbridge.com) with any questions.

This is a FREE bereavement event made possible through the generosity of those friends and supporters of the mission of Trustbridge Hospice Foundation.



# Sea Star Children's Camp Application

## Child Information

Child Full Name: \_\_\_\_\_

D.O.B. (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address Line 1

\_\_\_\_\_ City Zip Code  
Street Address Line 2

Camper's T-shirt size: Youth:  Small  Medium  Large  
Adult:  Small  Medium  Large  X-Large  XX-Large

## Parent/Guardian Information

Parent/Guardian Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Full Name and Number :  
\_\_\_\_\_  
Name Number

## Psychosocial History

Relationship of the Deceased to Child: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Did the deceased receive hospice care with Trustbridge?  Yes  No

If so, please provide full name of the deceased: \_\_\_\_\_

Has the child experienced any other deaths?  Yes  No

If so, provide relationship to child and date of death: \_\_\_\_\_

Has the child:

- Said or done anything recently that concerns you?  Yes  No
- Demonstrated any suicidal or self-harming behaviors?  Yes  No
- Threatened or harmed others?  Yes  No
  - If yes to any of the above, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Sea Star Children's Camp Application

### Psychosocial History Cont.

Describe any other changes/stressors in the child's life (e.g., divorce, illness, moving):

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Has the child exhibited any other thoughts or behaviors that concern you?  Yes  No

- If so, please explain:

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Do you have any other questions or concerns about the child attending camp?  Yes  No

- If so, please explain:

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### Discipline Protocol

To provide and maintain safety for all, children are expected to follow the Sea Star Children's Program rules. The following discipline protocol will be used for any behavioral issues:

**1st Incident:** Verbal warning/redirecting and counseling

**2nd Incident:** Time-out from group activity/counseling

**3rd Incident:** Call parent or guardian to pick up child

\_\_\_\_\_ (Initial) I have read, explained, and reviewed the discipline protocol with my child. I understand my responsibility to pick up my child in the event of behavioral issues.

### Parent/Guardian Consent for Pick-Up

The following adults other than the listed parent/guardian are allowed to pick up my child. List the full name and phone number of any adult who may be picking up child:

Full Name(s) & Phone Number(s):

*\*Photo ID will be required to pick up all children.*

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_



## Sea Star Children's Camp Application

### Medications/First Aid

Does the child have allergies?  Yes  No

- If so, list allergies: \_\_\_\_\_

Does the child take any medications that need to be administered at camp?  Yes  No

- If so, list medications: \_\_\_\_\_

\_\_\_\_\_ (Initial, if applicable) I give permission to the Sea Star Children's Program nurse to administer prescription medications and first aid to my child.

### Liability Statement (Required) – please initial

\_\_\_\_\_ In consideration for allowing my child to participate at camp, I, for myself and my child, release and forever discharge Trustbridge, Inc. and its subsidiaries Hospice of Palm Beach County, Hospice by the Sea, and Hospice of Broward County, its directors, officers, employees, volunteers and agents of all liabilities, claims, actions, damages, costs or expenses which I or my child's participation in this program, including travel to or from the program and including injuries which may be suffered by my child before, during or after the program.

### Optional Permissions & Releases

*Please initial if applicable*

#### Authorization to Photograph/Interview/Tape (Optional)

\_\_\_\_\_ I hereby give my permission for my child's photo and/or name to be utilized and released for educational, public relations/media purposes, presentations, camp videos or brochures.

#### Share Your Testimonial (Optional)

\_\_\_\_\_ My child and I welcome the opportunity to share our testimonial for Trustbridge via an in-person interview and/or videotape.

#### Recreational Activities, if applicable (Optional)

I give my child permission to go (initial all that apply):

\_\_\_\_\_ Swimming \_\_\_\_\_ Kayaking \_\_\_\_\_ Canoeing \_\_\_\_\_ Fishing

Optional recreational activities will be offered, if a child does not have permission to participate in the above activities.



## Trustbridge Bereavement Informed Consent

**CONSENT FOR SERVICES:** I hereby voluntarily consent to Trustbridge Bereavement Center to provide bereavement grief support services, including (but are not necessarily limited to) individual support, group support, virtual sessions, or education by employees or authorized agents of Trustbridge, Inc.

**CONFIDENTIALITY/PATIENT RIGHTS:** I understand that Trustbridge Bereavement Center clinicians maintain confidentiality of client information in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") and other applicable, Federal, State and other regulations. I understand that if I choose to participate in a virtual session, it is my responsibility to be in a private room or space and if not, my conversations may be overheard by others. I have been informed of my rights and have received a copy of Trustbridge's Notice of Privacy Practices and Patient Rights & Responsibilities.

I have read and understood all the information and authorize my child to participate in Sea Star Children's Camp, a program of Trustbridge, Inc.

Printed Name of Client: \_\_\_\_\_

Client's Signature: \_\_\_\_\_

\_\_\_\_\_(Initial) I attest that I am this child's parent or legal guardian.

Printed Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_



# VINCEREMOS THERAPEUTIC RIDING CENTER

## FIELD TRIP FORM

**PLEASE COMPLETE ENTIRE FORM**



Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

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

In Case of Emergency, Contact (Parent if Minor): \_\_\_\_\_ Phone: \_\_\_\_\_

School/Agency: \_\_\_\_\_

**PHOTO RELEASE:**  I hereby consent and authorize  I do not consent to, nor do I authorize: 1) Vinceremos Therapeutic Riding Center and PATH Intl. to use my (my minor's) photograph or image in its print, online and video publications; 2) release Vinceremos Therapeutic Riding Center and PATH Intl., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVD's, website images or written material, incorporating photos/images of me (my minor).

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

*Parent/Guardian Signature.*

### LIABILITY RELEASE:

### **EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE, AND ASSUMPTION OF ALL RISKS**

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (the "Agreement") is hereby given by \_\_\_\_\_  (person signing) on his/her own behalf OR  as the parent or guardian of \_\_\_\_\_ (Participant) to VINCEREMOS RIDING CENTER, INC., a Florida not-for-profit corporation, as the equine activity sponsor (the "Sponsor"), and to each officer, director, agent, employee, volunteer, equine professional (as defined in the Act referenced herein), instructor, therapist, aide, heir, personal representative, successor and/or assign of the Sponsor (who also shall be included within the word "Sponsor") and agrees as follows:

In consideration of the opportunities provided by the Sponsor to the undersigned, including any minor or legal ward in whose behalf the undersigned signs this Agreement (collectively, the "Participant"), for the enjoyment of equine activities and the use of the Sponsor's facility and equipment, the Participant hereby agrees as follows:

1. This Agreement is given in part under the Florida Equine Activities statutes (Chapter 773) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Sponsor the fullest protection of a release, waiver of claim and recovery, right to sue and assumption of all risks that is afforded by the Act, and by other applicable statutes and general law.
2. The Participant hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the dangers and/or conditions which are an integral part of equine activities which may cause, contribute to or result in the death or personal injury of the Participant or damage to the Participant's property (the "Risks"), including, but not limited to:

The propensity of equines to behave in ways (such as, but not limited to, buck, stumble, fall, rear, bite, kick, run, and make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break) that may result in injury, harm, or death to persons on or around the equine;

The unpredictability of an equine's reaction to sounds, sudden movement, persons, other animals, or unfamiliar objects; Hazards, including, but not limited to, surface or subsurface conditions;

A collision with another equine, another animal, a person, or an object;

The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant;

The inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptiles, birds or insects, and the effects of such reactions;

The dangers and risks of tack or harness loosening, slipping or breaking for whatever reason.

The dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity;

Initial: \_\_\_\_\_  
Date: \_\_\_\_\_



# VINCEREMOS THERAPEUTIC RIDING CENTER

## FIELD TRIP FORM

**PLEASE COMPLETE ENTIRE FORM**



The risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason;

Any negligent act or omission by the Sponsor which causes or results in the death or personal injury of the Participant or damage to the Participant's property.

3. The Participant hereby expressly assumes all risks and dangers of injury, loss, damage or death which are in any way resulting from the inherent risks of equine activities and/or associated with the Risks enumerated in paragraph 2 above.
4. The Participant hereby releases and waives all rights which he/she may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the inherent dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, and the right to sue or to bring any action against the Sponsor in connection therewith. The Participant agrees to completely indemnify and hold the Sponsor harmless from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including medical costs and attorney's fees, which are occasioned by, or otherwise attributable to, matters for which the Participant has hereby assumed the risk and is responsible in accordance with this Agreement.
5. The Participant agrees to comply with all rules and regulations posted or otherwise communicated by the Sponsor. The Participant agrees that the Sponsor has made reasonable and prudent efforts to determine the Participant's ability to engage in the Equine Activity offered by the Sponsor and the Participant has disclosed all known physical and psychological conditions to Sponsor to assist Sponsor in evaluating the Participant for participation in the Equine Activity offered by the Sponsor.
6. The Participant agrees that mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the Participant in such activity as well as to the person or property of others.
7. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.
8. This Agreement shall be construed under Florida law in such manner as will render it, and each provision of it, fully enforceable; provided, however, that if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in Palm Beach County, Florida.
9. If this Agreement is executed by the undersigned for and on behalf of a minor Participant as named below, the undersigned hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Participant, his/her heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his/her own behalf.
10. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned.

### WARNING

**Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.**

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE NOT RELIED UPON THE SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

Print Name: _____	Date: _____
Signature: _____	
FOR MINORS UNDER 18 YEARS OF AGE:	
Print Name of Minor: _____	Phone: _____