

Miracle Mountain Ranch Missions, Inc.

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Medical and Liability Release Form

Date(s) of Participation: ____ / ____ / ____ - ____ / ____ / ____

Name of Participant: _____ Social Security # ____ - ____ - ____

Sex: ____ Birth of Date: ____ / ____ / ____ Age: ____ Date of last Tetanus ____ / ____

Parent /Guardian: _____ Home Phone: (____) ____ - ____

Address _____ Work Phone: (____) ____ - ____

City _____ State ____ Zip _____ Cell Phone: (____) ____ - ____

Allergies (food, bee stings, seasonal): _____

(Please read Sections A – G and initial to show that you agree.)

____ **A. ACCIDENT/MEDICAL INSURANCE** – I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident / medical insurance company **shall pay** for **ALL** such required expenses. Please complete **ALL** areas, if there is **NO** Insurance, please note this under Name of Insurance Company.

**Please complete the following insurance information; please do not leave any blanks.
If possible also include a copy of both sides of your insurance card.**

Insurance information: This information is on the Policy Holder; the person to whom the policy is registered.

Name of Insured (Policy Holder): _____ Date of Birth: ____ / ____ / ____

Place of Employment: _____ Policy Holder's SS#: ____ - ____ - ____

Name of Insurance Company _____ Phone (____) ____ - ____

Group #: _____ Policy #: _____

Address of Insurance Co.: _____ RX Group #: _____

City: _____ State: ____ Zip: _____ RX Bin (Pharmacy ID) #: _____

(This information is not recorded or given to anyone and is used only in a medical emergency at the Dr. Office or ER)

____ **B. MEDIA RELEASE:** I understand that any pictures taken during an MMR event, as well as testimonies, of myself or my child and/or legal ward may be used in MMR promotional materials including newsletters, brochures, displays and websites. Photos may also be made available for purchase online and at MMR.

____ **C. MEDICAL RELEASE:** I certify that this Rancher has my permission to attend MMR, and further give consent for medical treatment for the Rancher in the event that a need for immediate medical attention arises. If such need arises, I agree to the release of any records necessary for treatment, referral, billing, and insurance purposes. I also give permission for a camp nurse or other staff person to inform the necessary parties of the Rancher's medical conditions, including, but not limited to, food or other allergies, asthma, seizures, or medication for attending to the Rancher's medical needs. I understand that some activities are inherently risky and take responsibility for the Rancher's participation in any of the Ranch's program areas. I also indemnify, release, and discharge Miracle Mountain Ranch Missions, Inc., as well as its directors, officers, employees, and agents, from liability and all costs arising from my child's participation in camp activities.

ACTIVITY AGREEMENT: As a participant in a Miracle Mountain Ranch Event I hereby understand the following to be true about the these activities and understand any associated risks.

____ **D. Equine activities:** I have registered for an MMR event that may include the use of MMR horses (or other equines), tack and equipment, personnel and trails for the purpose of horseback riding. This includes both handling them from the ground and mounted. Though MMR chooses its horses carefully to use with novice riders, and follows a risk reduction program, no horse is a completely safe horse. Horseback riding is classified as a "rugged adventure recreational sport activity." There are inherent risks despite all safety precautions. MMR advises pregnant women not to ride horses unless permitted by a physician.

I understand that as a participant I must:

- wear an SEI certified helmet (provided by MMR)
- be able to carry out simple instructions
- be able to remain balanced aboard a moving animal
- alert the wrangler to specific needs during a ride
- not carry loose objects or make loud noises during a ride
- be under the 250 lb. weight limit
- be able to mount and dismount with little or no assistance – mounting blocks are available
- wear appropriate covered/closed toe boots or shoes, preferably with heels (sneakers/tennis shoes are acceptable but not Crocs)

Riders Experience: ____ Under 10 hours ____ Over 10 hours:

____ **E. Paintball:** Face masks specifically designed for paintball are provided and must be worn; long sleeve shirts and pants are recommended. Even with observance of proper safety procedure there may be bruising and/or broken skin noticeable following a hit.

____ **F. Wilderness Experiences:** These adventure type activities, which include trail rides, hikes, and wilderness camping, take place in uncultivated areas of woods and fields. Even though proper precautions are taken, there are implicit natural hazards which include, but are not limited to, wildlife as well as weather.

____ **G. Liability Release:** I AGREE THAT: In consideration of **MMR** allowing my participation in this activity, under the terms set forth herein, I, the Rancher, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge **MMR**, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, insurers, and others acting on its behalf (hereinafter, collectively referred to as "**ASSOCIATES**"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated; and I do further agree I shall bring no claims, demands, action and causes of action, and/or litigation, against **MMR** and/or **ITS ASSOCIATES** as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of **MMR**

Does this participant have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse or participate in any other activity?

If yes, please describe: _____

Signer Statement of Awareness

I / We, the undersigned, have read and do understand the foregoing agreement, warnings, releases and assumption of risk. I / We further attest that all facts relating to the applicant's physical condition, experience, and age are true and accurate.

SIGNATURE OF PARTICIPANT/PARENT, GUARDIAN #1 **DATE:** _____

SIGNATURE OF PARTICIPANT/PARENT, GUARDIAN #2 **DATE:** _____