

Application for Participation at Rock Ranch

Pony Package

(All applicants must be 5 -7 years old)

363 40th Ave, Hills, MN 56138

605-929-9291

www.riderockranch.org

Name: _____ Age _____ Birthdate _____

Height: _____ Weight _____ Gender M F

Home Address: _____ City/State/Zip _____

Parent/Guardian Full Name _____ Work Phone _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Pony sessions at Rock Ranch focus on safety, respect, communication, patience, independence, confidence, and fun with our pony. Your child will learn to halter our pony, lead him through obstacles, groom him, and ride him with the help of volunteers. Please indicate the class(es) you would like to sign up for

- ☐ Introductory Class \$30.00
- ☐ Complete Pony Package Session (includes four 45 minute lessons) \$100.00

Scholarships may be available. Please refer to our website for a scholarship application.

Please take a moment to describe your child (timid, high energy, interest level in horses, exposure to horses, dogs, cats, etc.)

Declaration of Fitness to Participate with Horses

I hereby declare that I/my child have no physical or mental condition that should preclude me/my child from participating in horse-assisted learning activities with Rock Ranch.

Signature _____ Date _____

Photographs may be taken during lessons and activities at Rock Ranch. May we publish photographs of your child on social media? **Yes or No**

Health Information

1. List any illnesses or medical conditions or other personal health information which may affect your participation in Rock Ranch activities:
2. List medications you take on a regular basis, including inhalers:
3. List any allergies:
4. Physician's name/phone number:
5. Emergency contact people and numbers (list 3 please)

Emergency Medical Consent (check applicable area)

- In the event emergency medical aid/treatment is required due to illness or injury during the process of my participation at Rock Ranch, I authorize Rock Ranch to:
 1. Secure and retain medical treatment and transportation if necessary.
 2. Release above medical information upon request to the authorized individuals providing emergency medical treatment.

This authorization includes, but is not limited to: x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the treating physician.

Signature _____ Date _____

- I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of my participation at Rock Ranch. In the event emergency aid/treatment is required, I wish the following procedures to take place:

Signature _____ Date _____

ROCK RANCH INC. OF HILLS, MN

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING

Participant Name _____

In consideration of being allowed to participate in any way in the program, related events and activities (hereafter called the **Program**), I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant during all phases of the activity, including the potential for permanent paralysis, disability and death. **These risks include but are not limited to:** Equipment failure and/or malfunction of my own or other's equipment; my own negligence and/or the negligence of others; Attack or encounter with insects, reptiles and/or animals; Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident; Outdoor activities include but are not limited to risks of exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into my body orifices, exposure to animals with the risk of them kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death. **I agree to wear any necessary safety equipment provided to me and recognize that failure to do so increases the potential for severe injury or death and absolves the RELEASEES from liability whatsoever. (Participants/riders under the age of 16 years old must wear safety helmets)**

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation in the Program.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from the participation and bring such to the attention of the nearest official immediately.

4. I recognize that it may be necessary for the (Releasees) to refuse or terminate my participation if I am judged to be incapable of meeting the rigors or requirements of the Program. I accept the (Releasees) right to take such actions for the safety of myself and/or other participants. I will not engage in any activity beyond my capabilities and will not cause any third party to be endangered by any of my actions during the program.

I warrant and represent that I am in good health and have no physical or mental limitations or problems that would affect my safe participation or the safety of others in the program and have not been advised otherwise by a qualified medical person.

5. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly wave any right of privacy, compensation, copyright or other ownership right connected to same.

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ROCK RANCH INC. OF HILLS, MN**, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, permit grantors, independent contractors, sub-contractors and, if applicable, owners and lessors of premises used to conduct the **Program (RELEASEES)**, from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Name Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involved or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency phone number