

Application for Participation at Rock Ranch

Address: 355 40th Ave. Hills, MN 56138

Phone: 605-940-2243

Website: www.riderockranch.org

(All applicants must be 5 years of age or older and weigh less than 200 lbs.)

Name: _____ Age: _____ Birthdate: _____

Height: _____ Weight: _____ Gender: _____ Male _____ Female

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian's Full Name: _____

Work Phone: _____ Email Address: _____

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

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

Horsemanship sessions at Rock Ranch focus on safety, respect, communication, patience, independence, confidence, and fun with the horses. Please indicate which kind of lesson you are applying for:

- Winter Session (January/February): \$240 for ages 5-7; \$320 for ages 8 and up - This is an 8 week lesson series. Lessons are offered one day a week.
- Summer Session (June/July/August): \$120 for ages 5-7; \$160 for ages 8 and up - This is a 4 day lesson series. Students meet Monday - Thursday from either 9:00-10:00 or 10:15-11:15.
- Fall Session (October/November): \$240 for ages 5-7; \$320 for ages 8 and up - This is an 8 week lesson series. Lessons are offered one day a week.

Has your child previously attended Rock Ranch? _____

Please list other activities your child is involved in: _____

Does your child have or experienced any of the following (please check all that apply):

- Anxiety ○ Low Self Esteem ○ ADHD ○ Lack of Confidence ○ Impulsivity ○ Learning Disability
- Autism Spectrum ○ Anger Issues ○ Behavior Problems ○ Depression ○ Bullying ○ Physical Limitations

Other/Explain: _____

Please give a brief description of your child and what goals you would like them to accomplish while working with the horses at Rock Ranch.

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: _____

Health Summary

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, their relationship to student, and their phone 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**, it's 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 Releases 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