



Runnin' Free Ranch
1403 Old Bardwell Road
Ennis, TX 75119
214-399-4270

Registration Packet

Due to the nature of outside activities it is mandatory that all participants wear closed toe shoes.

Please Print

Participant's Name: _____ Date: _____

Date of Birth: _____ Gender: _____ Age: _____ Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Purpose of Ranch Visit: _____

If under 18, please complete the following:

Father: _____

Phone _____ E-mail _____

Mother: _____

Phone _____ E-mail _____

Name, Address & Phone numbers of _____ Legal Guardian or _____ Caregiver (if not parent)

How did you hear about Runnin' Free Ranch? _____

RUNNIN' FREE RANCH IS A NON PROFIT 501c3 ORGANIZATION. DONATIONS ARE TAX DEDUCTIBLE AND ALWAYS WELCOME! Make Checks Payable to: Runnin' Free Ranch

Participant's Name: _____

POLICY OF CONFIDENTIALITY

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Runnin' Free Ranch and not discuss or disclose any sensitive information about any person or their family.

Signature Participant or Guardian _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL

Please Print

In case of Emergency, contact: _____ Phone(s): _____

Physician's Name: _____

City: _____ Phone: _____

Please indicate any allergies: _____

Please indicate any medical issues that may affect you/your child's participation at Runnin' Free Ranch. _____

___ **I GIVE CONSENT** for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Runnin' Free Ranch, or while being on the property of Runnin' Free Ranch, I authorize Runnin' Free Ranch to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

___ **I DO NOT GIVE CONSENT** for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at Runnin' Free Ranch, or while being on the property of Runnin' Free Ranch. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Signature –Participant or Guardian: _____ Date: _____

Name _____

PHOTO RELEASE

____ **I consent** to and authorize the use and reproduction by Runnin' Free Ranch of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program

____ **I do not** consent to nor do I authorize the use and reproduction by Runnin' Free Ranch of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program

Signature –Participant or Guardian: _____ Date: _____

LIABILITY RELEASE

I or the undersigned parent or legal guardian of _____, acknowledge the risks and potential hazards of equine assisted activities; however, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Runnin' Free Ranch, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees, for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Runnin' Free Ranch programs.

WARNING

I understand that under Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I, the undersigned, have read this waiver of liability in its entirety. I understand the terms of this release and have signed this release voluntarily and with full knowledge of the effects thereof.

Signature –Participant or Guardian: _____ Date: _____