



Summer Programs

Parental Consent, Release and Medical Information

Assumption of risk

In consideration of recreationally instructive programs to be provided to a minor under my custody and care, I, _____, parent /guardian of _____,(participant) assume the consequences of potential injury, damage and death of the participant. I acknowledge, as participants are in natural surroundings, certain weather related hazards are constantly present such as wind, precipitation, lighting, flood and falling objects. Also, certain areas are rough and slippery with a potential for falling hazards such as, animal burrows, and eroded trails. Further, agricultural and natural hazards exist such as insect stings and bites, deer, vermin, farm animals, along with bio/chemical irritants.

Parent/guardian initials _____ Date _____

Release

I agree to release and hold harmless Greenacres Foundation, Inc., L&L Nippert Trust, Farm Sales, LLC, Greenacres Horsemanship Academy, LLC and these entities' trustees, officers, employees, agents and volunteers (provider) from injury, damage or death sustained or cause by the participant, while participating in program activities. Further, I agree to indemnify the provider for cost, expenses and attorneys' fees relating to claims, complaints, lawsuits and proceedings arising from injury, damages or death sustained or caused by the participant, while participating in program activities.

I also give permission to Greenacres to use any photographs taken of my child while participating in programs for the sole purpose of promoting Greenacres and its programs.

Parent/guardian initials _____ Date _____

Participants' medical information

Parent/Guardian Cell phone _____ Home phone _____ Work phone _____

Alternative emergency contact _____ relationship _____ phone _____

Family physician: _____

Phone: _____

Address: _____

Family dentist _____

Phone _____

Address _____

Preferred Hospital _____

Allergies: bee sting _____, asthmatic condition _____, tree nuts _____, other _____,

Parent/guardian initials _____ Date _____

Upon an unsuccessful attempt to contact me, I consent to emergency medical treatment deemed necessary by a licensed physician or dentist, at the nearest hospital emergency facility or at the hospital identified above. This consent includes immediately responding emergency medical personnel.

I hereby agree for myself, my minor child/charge, my heirs, successors and assigns by my signature affixed below.

Parent/guardian signature _____ Date _____

Witness initials _____ Date _____