

JAN-KAY RANCH, INC.
CAMPER MEDICAL AND RELEASE FORM - SUMMER CAMP

CAMPER NAME: _____ DOB: _____

ADDRESS: _____ Email: _____

Name of Medical Insurance Co: _____ Group #: _____ Name of Insured: _____

Please notify in case of emergency:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

(If necessary, please use the back of this paper to record additional information)

I, my child and/or my family (herein known as the "Camper") will be attending summer camp at JAN-KAY RANCH on the dates of _____ July 25 to July 29, 2011 _____ under the supervision of ___By His Design Ministries (Girls Getaway)___ (herein known as the "Sponsoring Organization"). I hereby authorize Jan-Kay Ranch and/or the Sponsoring Organization to make arrangements for or give any medical attention to the Camper, emergency or otherwise, that is deemed necessary under the circumstances by the sole discretion of Jan-Kay Ranch and/or the Sponsoring Organization. I hereby give permission to the physician selected by Jan-Kay Ranch and/or the Sponsoring Organization to hospitalize and/or secure proper treatment as the physician may deem appropriate. I further understand that medical treatment may be several minutes away in the event of a medical emergency.

SIGNATURE OF CAMPER OR LEGAL GUARDIAN OF CAMPER if Camper is under 18 years of age DATE

The proposed activities provided by Jan-Kay Ranch and/or the Sponsoring Organization (herein known as the "Recreational Activities") require participation in physical exercises which are physically demanding. Many of the activities will challenge the Camper and cause surges in blood pressure and pulse rates. **It is imperative that the Camper is free of any diseases or injuries, heart related or otherwise, which might create undue risks to themselves and/or to any other participants.** The Recreational Activities provided by Jan-Kay Ranch and/or the Sponsoring Organization may include, but are not limited to, the following list; indoor and outdoor games, boating, fishing, swimming, 20' water slide, obstacle course, exotic animal park and horse back riding. The horse back riding activities include a trail ride and/or riding in the arena, this will be decided by the Head Wrangler. All Campers participating in the Recreational Activities may be exposed to the elements of nature, including temperature extremes and inclement weather.

I certify that the Camper is in good health, physically and mentally, to the best of my knowledge and from past health examinations for the participation in the Recreational Activities.

List any medical concerns including allergies:

Date of last Tetanus shot _____

Name ALL medications the camper is currently taking:

SIGNATURE OF CAMPER OR LEGAL GUARDIAN OF CAMPER if Camper is under 18 years of age DATE

Under Texas Law (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 hereby acknowledge that during the Camper's **voluntary participation in the Recreational Activities**, that certain risks and dangers may occur due to accidents, which include, but are not limited to, the hazards of depending on other people, being at various places, activities in remote places without medical facilities, the forces of nature, loss or damage to personal property, physical and/or mental injury, not excluding fatality. I hereby assume all mentioned risks and those which are not specifically foreseeable, and **will hold Jan-Kay Ranch, including its staff and Board of Directors, and the Sponsoring Organization harmless from any and all liability**, claims and demands of every kind whatsoever, whether for bodily injury, property damage or otherwise, which may arise from or in connection with the Camper's participation in any activities arranged by Jan-Kay Ranch or the Sponsoring Organization.

SIGNATURE OF CAMPER OR LEGAL GUARDIAN OF CAMPER if Camper is under 18 years of age. DATE