

**TRAK Registration 2018**

Please Mark: \_\_\_\_\_ Membership \_\_\_\_\_ Volunteering \_\_\_\_\_ Horsemanship Riding \_\_\_\_\_ Little Buckaroos \_\_\_\_\_ Animal Assisted Life Skills  
\_\_\_\_\_ Camp (**please circle:** Winter, Spring, Summer, Fall) Camp Deposit: \_\_\_\_\_ Camp Remainder: \_\_\_\_\_

Are you part of a group or organization? \_\_\_\_\_

Adult Participant  
**(If applicable, please list multiple adult participants)**  
Please include first AND last name.

Child or Youth Participant  
**(If applicable, please list multiple children)**  
Please include first AND last name.

Participant or Parent's/Guardian's Name

Additional Participant or Parent's/Guardian's Name

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone

Address

Address

City, State, Zip Code

City, State, Zip Code

Email Address: **(If applicable, please list MULTIPLE emails)**

**SPECIAL NOTES OR INSTRUCTIONS FOR STAFF TO CONSIDER:**

**Please circle if we can add your email to our newsletter:  
YES or NO**

**Alternative Emergency Contacts**

Primary Emergency Contact

Secondary Emergency Contact

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Cell Phone

Address

Address

City, State, zip Code

City, State, Zip Code

**Medical Information**

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

Do you or does your child take medication? If so, what and how often? Do any of the medications affect balance or judgement?

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Are there any Behavioral patterns or concerns that we should know about?

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Anything else that we should know about you or your child?

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**For Minor Child:**

If parents are divorced who has custody?  Mother  Father  Joint  Other

If yes, please let us know who is responsible party for TRAK bills? \_\_\_\_\_

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Anything else regarding child guardianship? \_\_\_\_\_

Whom may we thank for your referral? \_\_\_\_\_

or

Where did you hear about TRAK ?  FaceBook  Web Search  School  Counselor

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
**Adult Rider/Parent/Guardian's Signature**

\_\_\_\_\_  
**Date**

## **RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS & INDEMNIFICATION AGREEMENT**

**Notice** – By signing this document you may be waiving certain legal rights, including the right to sue.

### **Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement**

In consideration of being allowed to use the facilities and participate in programs, activities, and events (collectively the “Activities”) provided by Therapeutic Ranch for Animals and Kids dba TRAK (the “Host”), the Participant, and the Participant’s parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree to the fullest extent permitted by law, as follows:

1) **TO WAIVE ALL CLAIMS** that they have or may have against the Host arising out of the Participant’s participation in the Activities or the use of any equipment provided by the Host (“Equipment”). As used herein, the term “Equipment” shall include equine animals;

2) **TO ASSUME ALL RISKS** of participating in the Activities and using the Equipment, even those caused by the **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers. The Participant and his/her Parents or legal guardian(s) understand that there are inherent risks of participating in the Activities and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death;

3) **TO RELEASE** the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Activities and use of the Equipment, including while receiving instruction and/or training. The Participant and his/her Parents or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers, to the fullest extent permitted by law. However, nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct; and

4) **TO INDEMNIFY** the Host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of participation in Activities and/or use of the Equipment, including while receiving instruction and/or training.

### **Personal Responsibility**

**The Participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities and that he/she is not participating against medical advice.**

**The Participant and his/her parent(s) or legal guardian(s) understand that if helmets are recommended for use while participating in the Activities, and Participant chooses not to wear a helmet, he/she does so at his/her own risk, and Participant and his/her parent(s) or legal guardian(s) accept full responsibility for any injury that results.**

**The Participant and his/her parent(s) or legal guardian(s) understand that Participant’s participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Host’s Equipment and facilities before any participation.**

**The Participant and his/her parent(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of *common sense* and by being aware of his/her surroundings.**

**If, while participating in the Activities, the Participant and/or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant’s personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) if Participant is a minor will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Host.**

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable Jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

**Participant's Name (Printed Clearly):** \_\_\_\_\_

**PLEASE SPECIFY IF YOU ARE ENROLLING MULTIPLE PEOPLE BY INCLUDING FIRST AND LAST NAME OF EACH ADDITIONAL PARTICIPANT.**

**Additional Participants:**

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Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (Printed): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Print:**

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Parent Email 1: \_\_\_\_\_

Parent Email 2: \_\_\_\_\_

### **Participant Release Form for Media Recording**

I, the undersigned, do hereby grant or deny permission to Therapeutic Ranch for Animals and Kids (TRAK) to use the image of myself or my child(ren), \_\_\_\_\_, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken for use in materials that include, but may not be **limited to, printed materials such as brochures and newsletters, videos, and digital images such as those** on the TRAK Web site.

Grant permission to use image(s). I give unrestricted permission for my image(s) to be used in print, video, and digital media. I agree that these images may be used by TRAK for a variety of purposes and that these images may be used without further notifying me. I do understand that any participant's last name will not be used in conjunction with any video or digital images.

Deny permission.

Participant/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_