

**Please Read Carefully and Print Clearly.**

**Please print these forms double sided if possible.**

**(This page should only be printed if printing double sided**



101 Rodeo Dr  
Spring Creek, PA 16436  
Phone (814) 664-7673  
Fax (814) 664-4669  
mmrcamp@mrm.org

[www.miraclemountainranch.com](http://www.miraclemountainranch.com)

Dear Volunteer Applicant,

Thank you for your interest in volunteering at Miracle Mountain Ranch (MMR). We are so grateful for individuals such as you, who are willing to give of their time and talent to assist us in the ministry of MMR. Enclosed you will find an application that we request you fill out and return to us so that we can better prepare for you when you come. Please include a \$5.00 registration fee with your application. We would also like volunteers to consider a \$25.00 donation per week to help cover meals and other cost associated with your stay at MMR. This is just a suggested amount, please do not feel obligated. **(Please send a separate payment (check if not online) from other registration fees).**

Enclosed are some general policies and guidelines so that you know what is expected of guest while on the ranch, as well a horse liability form in case you have opportunity to ride during your stay. Please read both carefully.

Please let us know if you will be bringing a trailer or RV or if you will need us to provide housing for you during your stay. Due to the limited housing availability, we are not always able to guarantee or confirm housing until about a month prior to a volunteer date. This is especially true during the summer months. If this is a problem, please let us know and we will see what options we may have. A letter will be sent to you confirming your dates as well as the area in which you will be assisting.

Volunteering while your child is in camp is only recommended if your child is able to function independently of you. If a child is overly dependent on the parent, it will distract from the camping experience for the child, as well as cause conflicts with the child's schedule. If you are volunteering during a week of summer camp during which one or more of your children are participating, please be aware that, time with your child is limited. Also we ask that parents not interfere with the ranchers schedule or the counselors responsibilities. If you see a discrepancy, please report it to MMR management so that we may deal with it properly.

Thank you again for your interest. Please call if you have any questions (814) 664-7673.

In Christ,

Rachel Mozeika  
Volunteer Registrar / MMRM

**Miracle Mountain Ranch Missions, Inc.**  
**Adult Volunteer Application**  
**(Please include a \$5.00 application fee)**

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Emerg Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_

Area in which you would like to help:

- Maintenance       Foodservice       Housekeeping       Office / Secretarial
- Landscape       Construction       Mechanics

Please indicate which week(s) you wish to volunteer for:

\_\_\_ **Dates other than summer:** \_\_\_\_\_

- \_\_\_ June 3-9      CHA Clinic
- \_\_\_ June 10-16      Staff Training
- \_\_\_ June 17-23      Wild West 1, Horse Mania, Reining Camp, Horsemanship 1
- \_\_\_ June 24-30      Wild West 2, Marker Madness 1, English 1, Rough Riders 1, Vaulting Camp
- \_\_\_ July 1-7      Wild West 3, English 2, Rough Riders 2, Horsemanship 2, Wilderness Boys
- \_\_\_ July 8/14      Wild West 4, Rough Riders 3, Cowboy Camp, Horsemanship 3, Girls Wilderness
- \_\_\_ July 15-21      Wild West 5, English Jump Start, Frontier Riders
- \_\_\_ July 22-28      Wild West 6, Western Riders 1, English 3, Horsemanship 4, Wilderness Boys 2
- \_\_\_ July 29-Aug 4      Wild West 7, Western Riders 2, English 4, Horsemanship 5, Marker Madness 2
- \_\_\_ August 5-10      Buckaroo Camp A & B

If you are looking to work more than one week please indicate the number of weeks. \_\_\_\_\_

Do you have a child attending camp the week you wish to volunteer?  YES     NO

Names of Children Attending: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have children coming with you that will not be attending camp?  YES     NO

Names & ages of Children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to be housed with our youth volunteers if other housing is not available?  YES     NO

Please list any specific areas of skill: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any limitations we need to know (health, physical etc.): \_\_\_\_\_

\_\_\_\_\_

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Have you ever been questioned about, accused of, charged with, or convicted of any form of sexual exploitation, advancements, improprieties, molestation, rape or other abuses of adult(s) or child/children?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL and MEDIA RELEASE:** I hereby appoint the Camp Manager and the camp nurse on duty to act in my stead to give consent for emergency medical or surgical treatment with the doctor of their choosing. I also hereby waive the right to sue or bring legal action against Miracle Mountain Ranch Missions, Inc. or any of their employees as a result of any and all injuries, damages, or losses sustained while participating in a camp program. I further agree to hold Miracle Mountain Ranch Missions, Inc. and any of their employees harmless against any and all cost, damages, and expenses which may be incurred by them as a result of a lawsuit I may file against them. Finally, permission is granted to use any pictures taken for promotional use by Miracle Mountain Ranch.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**To be completed by Supervisor**

Department Supervisor: \_\_\_\_\_

Department	From	To
_____	____ \ ____ \	____ \ ____ \
_____	____ \ ____ \	____ \ ____ \
_____	____ \ ____ \	____ \ ____ \
_____	____ \ ____ \	____ \ ____ \

**Guest & Volunteer  
Facility & Activity Policies**

Program Areas:

Confidence Course.....	Off limits unless with MMR supervisor
Sports room.....	Off limits
Pool.....	With lifeguard on duty & as scheduled.
Barns.....	Off limits unless with MMR supervisor
Stockade.....	Off limits unless with MMR supervisor

Camp Activities:

Evening activities.....	Children may attend all activities
Daytime activities.....	Children may attend by permission of the counselor, but must stay for entire period and not leave in the middle of the activity.

Buildings:

Kitchen and Storeroom.....	.....Off limits unless working in this area.
Buckboard.....	Behind the counter is off limits unless you are requested to serve by the manager.
Phone .....	Personal phone use is by permission during designated times.
Equipment, buildings, bunkhouses.....	Off limits unless requested
Town Hall.....	Available except after ranchers all in.

**Adult Volunteer Policies**

Volunteers are taken on the basis of housing availability. Our primary housing concern is for ranchers and associate staff. Housing availability will vary year to year.

Volunteers must follow the rules and guidelines set down by MMR for both volunteers and ranchers.

Volunteers are expected to report to the camp nurse any and all injuries to themselves or ranchers. The camp nurse then has the authority to make the final decisions as to treatment. If the volunteer chooses not to accept treatment, then a waiver must be signed to remove MMR of all responsibility.

Volunteers are expected to attend all evening chapels, unless off the grounds.

Volunteers are expected to work 6-8 hours per day.

MMRM offers nothing in return for a volunteer's service. The IRS considers any expected remuneration or gifts a taxable wage.

Volunteers are not counselors, although you are free to talk to the kids to see how your kids or group are doing. We discourage interference in the counselors' role with the ranchers. If you see a discrepancy, please report it to MMR management so that we may deal with it properly.

Due to the program as well as other legal issues, volunteers are not allowed to work directly with the ranchers, unless taken on for the specific purpose of nursing where credentials can be checked.

Volunteers have no authority over staff or ranchers, other than their own kids. Please report concerns directly to MMR management.

## **Guidelines**

1. Volunteers must honor the camp's lights out policy by being quiet and not causing any disruption. This would include talking out on the porches. If you desire to talk please do so in your room or away from the center of camp.
2. No one is allowed in the pool without a lifeguard. Supervisor must schedule pool time with program director.
3. Trail rides will be made available to volunteers as the schedule allows.

## Miscellaneous:

Guest and volunteer children: Parents are responsible for their children at all times.

Children of volunteers: Children are expected to abide by policies for ranchers

Parking: Vehicles are prohibited up in camp, please park vehicles in parking area near office.

Trees: Off limits, no climbing

# Miracle Mountain Ranch Liability Release Form

## PLEASE READ CAREFULLY BEFORE SIGNING

This form must be completed by and for each participant of Miracle Mountain Ranch (MMR)  
101 Rodeo Dr. Spring Creek PA 16436 – Phone (814) 664-7673 Fax (814) 664-4669

Name of Participant: \_\_\_\_\_ Date(s) of Participation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THE ACTIVITIES AT MMR. MMR, DOES NOT GUARANTEE YOUR SAFETY. PLEASE WRITE INITIALS BELOW AFTER READING EACH SECTION. PARENTS or GUARDIANS MUST ALSO INITIAL.**

**A. LIABILITY RELEASE -- I AGREE THAT:** In consideration of **MMR** allowing my participation in this activity, under the terms set forth herein, I, the Rancher, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge **MMR**, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, insurers, and others acting on its behalf (hereinafter, collectively referred to as “**ASSOCIATES**”), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated; and I do further agree I shall bring no claims, demands, action and causes of action, and/or litigation, against **MMR** and/or **ITS ASSOCIATES** as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the premises and operations of **MMR**  
\_\_\_\_\_/\_\_\_\_

**B. REGISTRATION OF RIDERS/PARTICIPANT, hereinafter known as Rancher, AND AGREEMENT PURPOSE - I,** the above listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to use **MMR** horse, tack and equipment, personnel and trail for the purpose of horseback riding today and on all future dates:  
\_\_\_\_\_/\_\_\_\_

**C. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS –** This agreement shall be legally binding upon me the registered participant, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of **MMR'S** physical location. Any dispute by the participant shall be litigated in and venue shall be the county in which **MMR** is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term “**HORSE**” herein shall refer to all equine species. The term “**HORSEBACK RIDING**” herein shall refer to riding or otherwise handling of horses, ponies, mules, of donkeys, whether from the ground or mounted. The term “**RANCHER**” shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms “**I**”, “**ME**”, “**MY**” shall herein refer to the above registered rancher and the parents or legal guardians thereof if a minor  
\_\_\_\_\_/\_\_\_\_

**D. ACTIVITY RISK CLASSIFICATION – I UNDERSTAND THAT:** Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. I/WE further understand that applicant may be participating in a “**WILDERNESS EXPERIENCE**” and that the meaning of this term is defined as follows: THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST and/or HILLS and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE, BUT NOT LIMITED TO, MAMMALS, REPTILES, AND INSECTS, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL.  
\_\_\_\_\_/\_\_\_\_

**E. NATURE OF STABLE HORSES – I UNDERSTAND THAT:** **MMR** chooses its rental horses for their calm dispositions and sound basic training as is required for use as riding horses for novice and beginner riders, and **MMR** follows a rigid risk reduction program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a Rancher falls from horse to ground it will generally be at a distance of from 3 ½ to 5 ½ feet, and the impact may result in injury to the Rancher. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to; Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.  
\_\_\_\_\_/\_\_\_\_

**F. RANCHER RESPONSIBILITY – I UNDERSTAND THAT:** Upon mounting a horse and taking up the reins the Rancher is in primary control of the horse. The Rancher’s safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the Rancher shall be responsible for his /her own safety and that of an unborn child if the Rancher is pregnant. **MMR** advises pregnant women not to ride horses, unless permission is given under advice of her physician.

\_\_\_\_/\_\_\_\_

**G. CONDITIONS OF NATURE – I UNDERSTAND THAT: MMR is NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lightning, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

\_\_\_\_/\_\_\_\_

**H. CARRY ON OBJECTS AND SHARP NOISES – I UNDERSTAND THAT:** Ranchers must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. **SOME EXAMPLES ARE:** Cameras, hats not securely fastened under chin, toys, and/or purses. Ranchers must not make sharp, loud noises, such as screaming or yelling, which may scare a horse.

\_\_\_\_/\_\_\_\_

**I. SADDLE GIRTHS - NATURAL LOOSENING – I UNDERSTAND THAT:** Saddle girths (saddle fasteners around horse’s belly) may loosen during a ride. If a Rancher notices this he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

\_\_\_\_/\_\_\_\_

**J. PROTECTIVE HEADGEAR OFFERING –** All participants in a Miracle Mountain Ranch horse activity must wear a SEI certified helmet in order to participate. I, for myself and on behalf of my child and/or legal ward, have been offered an SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet by **MMR** and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some of the wearer’s head injuries and possibly prevent the wearer’s death from happening as the result of a fall and other occurrences. It is understood that **STABLE-PROVIDED** protective headgear may not be of perfect fit for each Rancher’s head, and that once provided I/WE will be responsible for securing the helmet on this Rancher’s head at all times.

\_\_\_\_/\_\_\_\_

Does this participant have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse or participate in any other activities? \_\_\_\_ Yes \_\_\_\_ No

If “yes” describe here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All Ranchers and Parents or Legal Guardians must sign below after reading this entire document:**

**SIGNER STATEMENT OF AWARENESS**

II / WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT’S PHYSICAL CONDITION, EXPERIENCE, AND AGE ARE TRUE AND ACCURATE.

\_\_\_\_\_  
SIGNATURE OF RANCHER (Spouses must sign for themselves.)      DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN #1      DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN #2      DATE: \_\_\_\_\_

# Miracle Mountain Ranch Medical Release Form

## PLEASE READ CAREFULLY BEFORE SIGNING

This form must be completed by and for each participant of Miracle Mountain Ranch (MMR)

101 Rodeo Dr. Spring Creek PA 16436 – Phone (814) 664-7673 Fax (814) 664-4669

WRITE INITIALS BELOW AFTER READING EACH SECTION. PARENTS or GUARDIANS MUST ALSO INITIAL.

Name of Participant: \_\_\_\_\_ Date(s) of Participation: \_\_\_ / \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_ / \_\_\_

Date of Birth (if under 18) \_\_\_ / \_\_\_ / \_\_\_ Age (if under 18) \_\_\_ Date of Last Tetanus: \_\_\_ / \_\_\_ SS No.: \_\_\_ - \_\_\_ - \_\_\_

Name of Parent or Guardian (if under 18): \_\_\_\_\_ Home Phone: ( \_\_\_ ) - \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone : ( \_\_\_ ) - \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_ Cell Phone : ( \_\_\_ ) - \_\_\_\_\_

Please list any medications or allergies that participant may have.

Medications: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Is the Weight of the Participant over 240 Lbs? If yes please list Weight: \_\_\_\_\_

**A. ACCIDENT/MEDICAL INSURANCE** – I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident / medical insurance company **shall pay** for **ALL** such required expenses. Please complete **ALL** areas, if there is **No** Insurance; please note this under Name of Insurance Company.  
\_\_\_\_\_/\_\_\_\_

Name of Insurance Co: \_\_\_\_\_ ID #: \_\_\_\_\_

Ins. Co. Address: \_\_\_\_\_ Group #: \_\_\_\_\_

Ins. Co. Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Employer of Insured: \_\_\_\_\_

**B. MEDIA RELEASE:** I understand that any pictures taken during an **MMR** event, as well as testimonies, of myself or my child and/or legal ward may be used in MMR promotional materials including newsletters, brochures, displays and websites.  
\_\_\_\_\_/\_\_\_\_

**C. MEDICAL RELEASE** -- I certify that this Rancher has my permission to attend **MMR**, and further give consent for medical treatment for the Rancher in the event that a need for immediate medical attention arises. If such need arises, I agree to the release of any records necessary for treatment, referral, billing, and insurance purposes; and give permission for a camp nurse or other staff to inform the necessary parties of the Rancher's medical conditions, including, but not limited to, food or other allergies, asthma, seizures, or medication for attending to the Rancher's medical needs. I understand that some activities are inherently risky, and take responsibility for the Rancher's participation in any of the Ranch's program areas, and indemnify, release, and discharge Miracle Mountain Ranch Missions, Inc. and its directors, officers, employees, and agents from liability and all costs arising from my child's participation in camp activities.  
\_\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT / PARENT, GUARDIAN #1 DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN #2 DATE: \_\_\_\_\_