

Please complete and sign both forms and return them to Miracle Mountain Ranch either via mail or upon arrival.

The completion of these forms in advance will speed up the registration process when you arrive for camp.

Please Read Carefully and Print Clearly.

Please print these forms double sided if possible.

(This page should only be printed if printing double sided.)

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: _____

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: _____