

Miracle Mountain Ranch Missions, Inc.

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Medical and Liability Release Form

This Medical and Horse Liability Release form covers participation in any Miracle Mountain Ranch activities from listed Event Date to the following August 31st

Event Date(s): ____ / ____ / ____ - ____ / ____ / ____

Name of Participant: _____ Sex: ____ Date of Birth: ____ / ____ / ____

Age: ____ Date of last Tetanus ____ / ____ Emergency Phone: (____) ____ - ____

Address _____ Home Phone: (____) ____ - ____

City _____ State ____ Zip _____ Mom's Cell: (____) ____ - ____

Parent /Guardian (if under 18): _____ Dad's Cell: (____) ____ - ____

Allergies (food, bee stings, seasonal): _____

Medications: _____

(Please read all Sections and sign on back to confirm that you agree.)

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.

**Please complete the following insurance information; please do not leave any blanks.
If possible also include a copy of both sides of your insurance card.**

Insurance information: This information is on the Policy Holder; the person to whom the policy is registered.

Name of Insured (Policy Holder): _____ Date of Birth: ____ / ____ / ____

Place of Employment: _____ Policy Holder's SS#: ____ - ____ - ____

Name of Insurance Company _____ Phone (____) ____ - ____

Group #: _____ Policy #: _____

Address of Insurance Co.: _____ RX Group #: _____

City: _____ State: ____ Zip: _____ RX Bin (Pharmacy ID) #: _____

(This information is not recorded or given to anyone and is used only in a medical emergency at the Dr. Office or ER)

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. Photos may also be made available for purchase online and at MMR. Please inform our office directly if pictures **cannot** be used in of the above mentioned areas.

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. I also give permission for a camp nurse or other staff person 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. I also indemnify, release, and discharge Miracle Mountain Ranch Missions, Inc., as well as its directors, officers, employees, and agents, from liability and all costs arising from my child's participation in camp activities.

