

**FLIP FLOP RANCH LIABILITY WAIVER**

**MEDICAL RELEASE INFORMATION**

Participant's Name: \_\_\_\_\_

Date of visit: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_ Female \_\_

**Name of Parent or Legal Guardian (if Participant is minor)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy#: \_\_\_\_\_

**Emergency Contact(s)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Email: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**Medical**

**\*\*Please be as detailed as possible to ensure your child has the best care while at Flip Flop Ranch.**

**Allergies:**  Bee Stings  Environmental  Medications  Food/Drinks  Other (Please describe any of the allergies listed):

I understand that Flip Flop Ranch staff does not carry epinephrine for the treatment of allergic reactions which might occur during the our programs. If I or my Minor Participant has a known life- threatening allergy, or if I have been advised that I or my minor should be prepared for a possible serious allergic reaction, I or my Minor Participant has been provided with auto- injectable epinephrine and a physician's instructions for its use, and I will have or have instructed my Minor Participant to have these available at all times during the stay. If I or my Minor Participant is visiting as part of a group, I have also informed the person in charge of the group of this allergy and any applicable physician -prescribed protective measures.

Are there any medications you or your child takes regularly that we need to know of? If so, please describe in detail:

In the event of an emergency, if I cannot be reached, I authorize any adult chaperone or Flip Flop Ranch staff to obtain medical care for me or my Minor Participant.

### **RELEASE AND INDEMNIFICATION**

At Flip Flop Ranch, you and/or your child may participate in a wide variety of outdoor activities, which may include hiking, exploring the natural environment, stewardship activities (for example farm tasks such as planting or harvesting), and working or interacting with animals (including goats, cows, chicken, horses and bees). I understand that outdoor activities during a visit to Flip Flop Ranch expose participants to a variety of risks, foreseen and unforeseen, some of which are inherent and cannot be eliminated. These inherent risks include, but are not limited to, environmental risks and hazards, including plants, insects, snakes and domesticated and wild animals; and unpredictable forces of nature such as weather. For myself and/or my Minor Participant, I agree to assume, to the fullest extent of the law, the risks of participation, known and unknown, inherent or not, and whether or not such risks are described above.

I, an adult Participant or Parent or Guardian of a Minor Participant, for myself and on behalf of that Minor Participant, agree to release, indemnify, protect, and hold harmless, and promise not to sue, Flip Flop Ranch and/or its affiliated institutes, and/or any of their respective officers, directors, employees, contractors, and insurers (the "Released Parties"), with respect to any and all claims, demands, damages, losses, or liabilities, including, but not limited to, claims for personal injury or death, which I or my Minor Participant may suffer, arising out of or in any way related to my, or my Minor Participant's, participation in the Flip Flop Ranch program. The claims hereby released and indemnified against include those caused by or arising from the negligence of a Released Party.

### **IMAGE RELEASE**

I agree that Flip Flop Ranch and its designees may use, without restriction or compensation, my likeness, or that of my Minor Participant, whether in photographs, motion pictures or audio or video recordings, as well as any writing, artwork and/or testimonials created by me or my Minor Participant and submitted to Flip Flop Ranch. I agree that once submitted, these materials shall become the property of Flip Flop Ranch. Visual documentation helps Flip Flop Ranch share and promote its work, connecting people to healthy food, farming and the natural environment. Your/your child's name or age will not appear in any Flip Flop Ranch print or online materials.

I have carefully read, understand and agree to abide by this Agreement.

Name of Participant(s): \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian for Minor Participant Print Name Date*

\_\_\_\_\_  
*Adult Participant Signature (if age 18 or older) Print Name Date*