

VICTORY RANCH

Participation Agreement & Medical Release

(for adults, age 18 and older)

I, the undersigned, as an attending participant with **Redeemed South Bay** (name of church/group) on **February 8-11, 2024** (dates of retreat/camp), at Victory Ranch, do understand and agree that attendance and participation in activities presents known and inherent risks to the participant and may result in injury, illness, exposure to infectious/communicable disease, death, and/or other damages.

I, the undersigned, authorize Victory Ranch, its employees, volunteers, and/or agents to render or obtain such emergency medical care or treatment as may be necessary should any injury, illness, harm, or accident occur while participating in the above named camp program and its activities. I understand and accept that I am responsible for any medical obligations and shall be liable and agree to pay all costs and expense incurred in connection with such medical services rendered, including all transportation costs. My signature below serves to indicate my willingness to take full financial responsibility for any and all medical service rendered. My signature also serves to indicate my willingness for the Health Insurance Company named below to be billed for any and all medical fees and services required.

I, the undersigned, do hereby release and agree to hold harmless Victory Ranch and its directors, board, agents, employees, volunteers, and representatives from any and all liabilities or claims for personal or emotional injury, illness, exposure to infectious/communicable diseases, and/or death, as well as property damage and/or expenses of any nature whatsoever which may be incurred by me that occur within the effective dates stated above and/or while participating in the above named camp program and its activities.

Name of Camper: _____ Phone Number: (____) _____

Signature: _____ Date: _____

Insurance Company Name: _____

Policy Number: _____ Insurance Company Phone Number: (____) _____

Emergency Contact: _____ Emergency Phone Number: (____) _____

List specific medical and food allergies and/or medical conditions: I decline to provide personal health information.

IF PARTICIPATING IN HORSEBACK RIDING:

I understand the unpredictable nature of a living creature such as a horse and that there are certain risks to personal health involved with the participation in an activity such as horseback riding. I further understand that Victory Ranch and Brotherhood Mutual Insurance Company both require the use of a helmet for all participants. I understand by signing this waiver I am releasing Victory Ranch; its board, director, employees, and volunteers; and Brotherhood Mutual of any responsibility should I suffer any injury while participating in a horseback ride at Victory Ranch. Knowing this, I agree to hold Victory Ranch and its staff harmless should I be injured while participating in horseback riding at Victory Ranch.

Signature: _____ Date: _____

Sign below ONLY if you are choosing NOT to wear a helmet:

I, being at least 18 years of age or older and participating in a horseback ride at Victory Ranch, have opted not to wear a helmet. I understand by signing this waiver I am releasing Victory Ranch; its board, director, employees, and volunteers; and Brotherhood Mutual of any responsibility should I suffer a head injury while participating in a horseback ride at Victory Ranch.

Signature: _____ Date: _____

Note: Due to the age of some of our horses, there is a maximum weight limit of 250 lbs. For safety reasons, all riders must be physically fit and able to climb up onto a horse unassisted.