

Name or Date of Camp: _____
 Student's name: _____
 Parents' name: _____
 Address: _____
 City / Zip _____
 Hm Phone#: _____
 Cell Phone#: _____
 E-Mail _____



Romans 12:2 *Be not conformed to this world, but be ye transformed
 by renewing of your mind becoming all that God intended us to be!*

WAIVER & RELEASE OF LIABILITY

1.) In consideration of Son Rise Ranch, and its owner Miss Pamila Cronkhite permitting my (our) request to participate and entry to the premises at 24003 & 23805 N.E. 44th St. Vancouver, WA. I (we) hereby irrevocably acknowledge and agree to indemnify, waive, release, discharge & hold harmless the above named and her staff, agents and/or any participants, volunteers, from any and all liability, rights, claims, demands, actions, costs, expenses (including attorney fees) whatsoever in any manner arising out of any activity on or connected with Son Rise Ranch related to any loss, damage, harm, theft and injury (including death) sustained by me or my property while participating in any event, program or while upon the property including property owners of any properties used by the above named.

I (we) am duly aware and have full knowledge of the risks and hazards inherent in participating and/or observing horse related activities recognizing it is deemed a "high risk" sport and entering these premises and hereby elect voluntarily to participate and enter property knowing present conditions and with a full understanding said conditions may become more dangerous and hazardous during the time I (we) am present. I (we) voluntarily assume all risk of loss, damage and injury to self and property. I (we) am voluntarily participating in equine activities, as defined by Washington State Laws (assumption of risk), and agree to be governed by the applicable laws of the State Of Washington.

I (we), having read this release and understanding all of its terms, hereby execute it voluntarily and with knowledge of its significance.

 Signature of Participant (student / child) Date of Birth Starting Date

 Signature(s) of Parent(s) or Guardian(s)

2.) I authorize the submission & reproduction of any photos taken during Son Rise events for display, internet use, articles and/or promotion material.

 Signature(s) of Parent(s) or Guardian(s)

3.) I _____ hereby authorize any necessary medical treatment when required at the discretion of Son Rise Ranch and/or their agents for my child

Preferably at: _____ Family Doctor: _____

Insurance Info: Carrier: _____

Carrier Number: _____

Emergency Contact Info: _____

Any Recognized Medical Conditions (i.e. Allergies, asthma, etc.) _____

Policies(Please initial in agreement)

- 1.) This waiver form **MUST** be filled out in completion, including medical coverage information and present **BEFORE** a camper can be left at Son Rise. ***Hard copy must accompany camper***_____
- 2.) I understand the \$100.00 deposit is NON-refundable_____
- 3.) balance due 1st day of camp (checks preferred)_____
- 4.) Camps run from 8am to 6pm (campers can arrive as early as 7:30am, but must be picked up no later than 6:30pm) _____
- 5.) Tuesday/Wednesday/Thursday campers may arrive as late as 10am & picked up as early as 4pm_____
- 6.) Campers are to be dropped off & picked up in circle drive way while Parents & family are to remain in car during pandemic protocols_____
- 7.) All camp participants are required to bring a lunch (individually wrapped snacks provided, but not nut, lactose or gluten free or non gmo)_____
- 8.) Campers are required to practice social distancing when not wearing masks, must wear masks which cover nose and mouth during riding, use and carry individual hand sanitizer _____