

Position: _____
Staff's Name: _____
Parents' Name: _____
Address: _____
City/Zip: _____
Phone # _____
Other/Cell# _____
Email _____



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: _____

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

Emergency Contact Info: _____