



(Form only for those bringing their horse!)

M&M Ranch Overnight Camp Policy Agreement

Campers Name (First) _____, (Last) _____
Please Print

Please initial each policy you have read and sign at the bottom.

_____ I have read and understand the **Important Safety Information** provided by M&M Ranch.

_____ I have read and understand the M&M Ranch **Overnight Camp Policy, & Packing List, Electronic Policy.**

_____ I have read and agreed to M&M Ranch Camp **Payment, Refund, and Cancellation Policy.**

_____ I have received and read the M&M Ranch Intro **Health Screening and I understand need fill out 14 days prior bringing my child to camp.**

_____ I have read and understand the M&M Ranch **COVID Waiver Form.**

_____ I **have disclosed** any allergies, injuries, chronic illness, or other physical/medical conditions that might affect my child's riding on the M&M Ranch Medical Release Form.

_____ I give my camper, _____, permission to go on field trips with M&M Ranch.

_____ I give M&M Ranch permission to take pictures & publish pictures for advertising if needed.

Those who are bringing their own horse only:

_____ I have read and understand the M&M Ranch **Boarding Policy.**

_____ I have read and understand the How **Prepare Your Horse for Camp.**

_____ I have read and understand the importance of having my **horse examined** for pain within 1 month prior bringing to camp.

_____ I have read and understand that if my horse comes to camp and he/she has any lameness this will hinder my horse from performing and may limit what my daughter could learn.

_____ I understand I will be contacted if any health concerns arise and payment to the vet or chiropractor is my responsibility prior to any exam/treatment.

Medical Release:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but it not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Parent/Guardian signature _____ **Date** _____

Please make a copy of this form for your own records and scan and email initialed and signed form to: camp@mmhorseranch.com

if you have questions, email **Camp Director** at camp@mmhorseranch.com.

