

M&M Ranch Overnight Clinic/Camp Policy Agreement

Students Name (First) _____, (Last) _____

Please Print

2023

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 Clinic-Camp Policy**.

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

_____ 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 have received and read the M&M Ranch Overnight **Clinic-Camp Packing List**.

_____ I have read and understand M&M Ranch Camp **Electronics Policy**.

_____ I give student, _____, 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. *(Name is not disclosed)*

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 Clinic-Camp**.

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

_____ I have read and understand that if my horse comes to clinic-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 a situation requiring emergency medical treatment, I _____, hereby grant permission for emergency medical treatment to be administered to my child/children, until such time that I can be reached for approval.

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 _____

Parent/Guardian **Print** First: _____ Last _____