



## M&M Ranch Overnight Clinic/Camp Policy Agreement

2023

Students Name (First) \_\_\_\_\_, (Last) \_\_\_\_\_  
**Please Print**

*(Form only for those using ranch horse)*

*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)*

### **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 \_\_\_\_\_

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

If you have questions, email **Camp Director** at [camp@mmhorseranch.com](mailto:camp@mmhorseranch.com).