

## Parental Consent/Medical Release Form

Majestic Arabians Ranch

RR4 Rimbey, AB

TOC 2J0

Participant:

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address:

Mailing Address ( if different)

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ phone: (\_\_\_\_) \_\_\_\_\_

Parent email \_\_\_\_\_ Participant email: \_\_\_\_\_

Name of Parents (Legal Guardian): \_\_\_\_\_

Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ postal code \_\_\_\_\_ phone (\_\_\_\_) \_\_\_\_\_

Parent(s) Guardian Bus number: (\_\_\_\_) \_\_\_\_\_

Other next of kin/party outside the home who can be notified in event of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Is your youth covered by any other medical/hospitalization insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Alberta Health Care #: \_\_\_\_\_

Insurance Information

Policy Holder Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Parent/Guardian Place of Employment: \_\_\_\_\_

Please list below any past or present medical concerns or restrictions, allergies ( food, insect bites, etc) dietary restrictions, current medications regularly taken, or any other important information that you feel we must know, along with medications and treatments needed for these concerns.

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**Permission for Emergency Medical and Liability Release**

Parents or guardians of children under 18 years of age MUST sign the following statement to allow possible emergency medical treatment and to release Majestic Arabians Ranch from liability while the child is attending the event and /or function

I/We hereby authorize an emergency service agency and physician to administer whatever medical care in their professional opinion is necessary or any minor child who is attending the event/function associated with Majestic Arabians Ranch. I/We understand that we agree to indemnify, hold harmless, release and forever discharge Majestic Arabians Ranch and/ or its adult chaperones from any claims which I or my heirs or any other persons acting on my behalf have or may have against Majestic Arabians Ranch and its staff by reason of accident, illness or injury, or other consequences arising or resulting directly or indirectly from the participation of minor child named below in the event/function. This authorization is good while the child is attending the event/function or until revoked by me, in writing.

Child(s)/Children(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to participate in trips/activities/events/functions**

Parents or Guardians of Child/Children under 18 years of age MUST sign the following statement to allow the Child/Children to participate in trips/activities/events/functions while with Majestic Arabians Ranch.

I/We understand that staff of Majestic Arabians Ranch accompanying child/children on all trips/activities/events/functions but may not always be able to personally and individually supervise my child/children. My child/children will be allowed to attend and participate in trips/activities/events/functions by Majestic Arabians Ranch.

Furthermore, I/We understand that my child/children will be expected to abide by conduct rules that have been set up by Majestic Arabians Ranch. I give permission for the adult leaders to discipline my child/children in the manner in which they see fit. Should occasion arise and should it become necessary for my child to return early from this trip, I agree to meet any necessary expenses. This authorization is valid while the child/children are involved in said trips/activities/events/functions with Majestic Arabians Ranch or until revoked by me, in writing.

By signing this form you are agreeing to the above statement that you have just read and also giving Majestic Arabians Ranch permission to take and use your child/children(s) photo in future Majestic Arabians Ranch publications, on our website, and in future advertisements.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_