

White Pines Ranch
3581 W. Pines Rd, Oregon IL 61061 (815-732-7923)
Emergency Medical Information

Name _____ Age _____ Birthdate _____ Boy/Girl _____

Address _____ City _____ State _____ Zip _____

Phone #'s: Home _____ Cell _____ Work _____

Email address _____ Have you been a guest at the ranch before YES/NO when? _____

Program Dates _____ to _____ Troop #/Group Name _____

In Case of Emergency, Contact 1. _____ Phone _____

2. _____ Phone _____

Family Doctor _____ City _____ Phone _____

Date of Last Tetanus Booster Immunization: Month _____ Year _____

Accident/Medical Insurance Company _____

Insurance Group number and/or ID number _____

MEDICATION CHILD IS TAKING: _____
(please label medication with name, dosage and time to be taken)

Any known handicaps or allergies _____

Activities that you would rather child not participate in _____

**We recommend that you obtain a personal accident insurance policy
if you do not already have one.**

Assumption of Risk, Full Release and Indemnity

We are cognizant of the inherent dangers of participating in this program. In consideration for allowing the rancher to participate in activities and use ranch facilities, we assume all risk, agree that no claim will be made against and do fully release Little Sisters, Incorporated, it's officers, owners, employees and agents (the Program) for injury, death, damages or any loss whatsoever incurred unless due to gross negligence.

We hold harmless all Program providers from all claims by us, our family and legal representatives. We assure you the rancher is in good condition and has no impairment preventing safe participation in the Program. We indemnify the Program from any loss it may incur because of our participation. We know this is a legal agreement and will be broadly interpreted releasing all joint tortfeasors.

I hereby give permission for X-rays, suturing of lacerations and other treatment deemed necessary by the attending physician in the Emergency Room.

We also give permission to allow photographs or video footage of our child taken at camp to be used in White Pines Ranch's promotional materials.

I HAVE THE LEGAL AUTHORITY TO SIGN ON BEHALF OF THE RANCHER AND FAMILY. I HAVE READ THIS CAREFULLY AND UNDERSTAND IT. I KNOW THIS IS AS FULL AND COMPLETE A RELEASE AS IS POSSIBLE AND I HAVE SIGNED IT VOLUNTARILY.

(Parent)

(Guardian)

(Self)