

Outdoor Education Emergency Medical Information
Little Sisters, Incorporated DBA White Pines Ranch
3581 W. Pines Rd, Oregon IL 61061
Ph. (815-732-7923) Fax (815-732-7924) www.whitepinesranch.com

School _____ Program Dates: _____ to _____

Name of Participant _____ Age _____ Birthdate _____ Boy/Girl _____

Address _____ City _____ State _____ Zip _____

Name of Parent(s): _____

Parent's Phone Numbers: Home _____ Cell _____ Work _____

In Case of Emergency, Contact: 1. _____ Day Phone _____
Evening Phone _____

2. _____ Day Phone _____
Evening Phone _____

Family Doctor _____ City _____ Phone _____

Accident/Medical Insurance Company _____

Insurance Group Number and/or ID number _____

Activities that you would rather child not participate in _____

We recommend 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 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)

Facsimile or digital signatures shall be sufficient for execution of this document. The person transmitting the document by facsimile or electronic mail must retain the original to be produced upon request.