

# HOME BASE RANCH, Inc.

## Overall Release form

In consideration of the services of Home Base Ranch, Inc. their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (collectively, "Home Base Ranch"), I hereby agree to forever release and discharge Home Base Ranch on my behalf, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1)

I acknowledge the participation in any activity sponsored or organized by Home Base Ranch, including but not limited to volunteer work, horseback riding, ranch work, site maintenance, growth and development courses involves known and unanticipated risk which could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to others. I understand such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks I expressly assume by signing this release and waiver include but are not limited to: Strenuous and vigorous, physical, mental, emotional and intellectual activities such as outdoor and indoor games during day or night; the possibility of slips and falls; bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards including even death. During an activity there may be contact with plants, animals, or insects that could create hazards such as stings, allergies, and assorted diseases. Furthermore, Home Base Ranch representatives have difficult jobs to perform. They might be ignorant of a participant's fitness level or physical/mental abilities.

2)

I expressly agree, promise, and do accept and assume all risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate despite the risks.

3)

I hereby voluntarily release, waive, forever discharge, and agree to indemnify and hold harmless Home Base Ranch from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Home Base Ranch equipment or facilities, including any such claims which allege negligent acts omissions of Home Base Ranch.

4)

Should Home Base Ranch, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5)

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the cost of all risks created directly or indirectly, by such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my rights to maintain a lawsuit against Home Base Ranch on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Signature of Participant:

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Print Name:

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Address of Participant or Guardian:

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR PARTICIPANTS UNDER 18 YEARS OF AGE:**

In case of emergency involving the participant, I understand every effort will be made to contact me at the emergency telephone number set forth below. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for the participant. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. I further acknowledge and consent to participant participating in the activities of Home Base Ranch, undertaking those risks, and waiver as set forth above.

Signature of Parent/Guardian:

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Print Name of Parent/Guardian:

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Emergency Telephone Number:

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