

Lazy Bucks Ranch Day Camp
Health Form

Camper's Information:

Name

Age

Date of Birth (MM/DD/YYYY)

Primary Physician

Physician Phone Number

Physician Address

Health Insurance Provider

Conditions and Concerns

List ALL medications the Camper is on:

List ALL medical conditions:

List ALL behavior conditions:

List ALL allergies:

Please list ALL medications that need to be distributed to the camper during the duration of their stay:

Medication

Time

Circle One: Daily M T W TH

AS NEEDED

Medication

Time

Circle One: Daily M T W TH

AS NEEDED

Signature: _____

Date: _____

Notes:

I understand that I am responsible for providing any medication my camper may need for the duration of their time at Lazy Bucks Ranch.

By submitting this form, I hereby authorize Lazy Bucks Ranch to take all the necessary actions to ensure my camper's well-being and safety in case of emergency.

Signature

Date

Signature: _____

Date: _____

**Lazy Bucks Ranch Day Camp
Contact Information**

Parent/Guardian: _____

Relationship to Camper: _____

Phone Number: _____

Address: _____

Emergency Contact Information

Name: _____

Relationship to Camper: _____

Phone Number: _____

Address: _____

I hereby allow Lazy Bucks Ranch to call 911 if an emergency arises, involving my camper, that requires emergency services.

Signature: _____

Date: _____

Please allow these people, AND ONLY THESE PEOPLE, including myself, to pick up and/or drop off my camper at Lazy Bucks Ranch.

Name: _____

Relationship to camper: _____

Phone Number: _____

Days said person will be dropping my camper off: M T W TH

Days said person will be picking my camper up: M T W TH

Name: _____

Relationship to camper: _____

Phone Number: _____

Days said person will be dropping my camper off: M T W TH

Days said person will be picking my camper up: M T W TH

Signature: _____

Date: _____

Lazy Bucks Ranch
Range Waiver

I, _____ hereby allow my minor child, _____ and/or myself, to participate in all range activities at Lazy Bucks Ranch.

The undersigned agrees to the following terms.

- 1. I UNDERSTAND THAT THE RANGE ACTIVITIES ARE POTENTIALLY DANGEROUS SPORTS.

HEREBY RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE FOREVER, AND COVENANT NOT TO SUE, Lazy Bucks Ranch, its subsidiaries, affiliates, employees, agents, and volunteers (collectively, the "Released Parties") FROM ALL LIABILITY to myself and/or my minor child FOR ANY AND ALL LOSS, DAMAGE, INJURY TO PROPERTY, PERSONAL INJURY, DEATH OR OTHERWISE, arising from or in any way connected to my own, and/or my minor child's participation in shooting at the Range, and/or use of archery and/or BB gun, and/or hatchet throwing equipment, however caused and regardless of whether such loss, damage, injury or otherwise ARISES OUT OF ACT, OMISSION OR ORDINARY NEGLIGENCE ON THE PART OF THE RELEASED PARTIES (as described above), or whether it arises upon any theory of strict liability or otherwise

2. HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Released Parties (as described in Section 1, above) FROM ANY LOSS, LIABILITY, DAMAGE OR COST THEY MAY INCUR due to my own, and/or my minor child's participation in shooting archery and/or BB guns, and/or hatchet throwing at the Range, and/or use of archery, BB gun, and/or hatchet throwing equipment at the Range, whether caused by the ordinary negligence of the Released parties, or otherwise, and

3. HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, OR PROPERTY DAMAGE, arising out of my own, and/or my minor child's participation in shooting archery and/or BB guns, and/or hatchet throwing at the Range whether caused by ordinary negligence of the Released Parties (as described in Section 1, above), or otherwise.

4. I understand that Lazy Bucks Ranch has trained Range Masters. The Range Master will go over the rules and safety expectations before shooters are allowed on the range. MYSELF, AND/OR MY MINOR CHILD WILL BE RESPECTFUL TO THE RANGE MASTER. MYSELF AND/OR MY MINOR CHILD UNDERSTAND THAT IF SHOOTERS DO NOT FOLLOW THE RULES OF THE RANGE THEY WILL BE ASKED TO LEAVE AND WILL NOT BE ALLOWED BACK ON THE RANGE AGAIN.

On behalf of my minor child, I have read and understood the Archery and BB gun policies above and promise to uphold them to the best of my ability.

Printed Name

Date

Signature

Signature: _____

Date: _____

**RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE ON ITS TERMS. BY SIGNING THIS AGREEMENT, YOU AND YOUR CHILD ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF THE STABLE; IT’S OWNER, EMPLOYEE AND AGENTS (“THE RELEASEES”).

I, _____ on behalf of myself (and/or my minor child)

(Print First and Last Name)

(Print Child’s First and Last Name)

In consideration for allowing me (or my minor child) to handle and ride a horse and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assigns, I HEREBY:

1. **Acknowledge that a horse or mule may, without warning or any apparent cause**, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person’s feet, push or shove a person, saddles or bridles may loosen or break – all of which may cause the rider to fall or be jolted, resulting in serious injury or death.
2. **ACKNOWLEDGE THAT HORSEBACK RIDING IS AN INHERENTLY DANGEROUS ACTIVITY** and involves risks that may cause serious injury and in some cases, death because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.
3. **Voluntarily assume the risk and danger of injury or death** inherent in the use of the horse, equipment and gear provided to me by Lazy Bucks Ranch, hereinafter referred to as the Stable.
4. **RELEASE, DISCHARGE AND PROMISE NOT TO SUE** the Stable, doing business under its own name or any other name and/or any of its owners, officers, employees and agents (hereinafter the “Releasees”), for any loss, liability, damages, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my person or property.
5. **Release the Releasees** from any claim that such Releasees are or may be negligent in connection with my riding experience or ability including but not limited to training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction or riding skills or leading and supervising riders.
6. **INDEMNIFY, AND SAVE AND HOLD HARMLESS** the Stable, instructors, its employees and agents from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either, my use of the horse and any equipment or gear provided therewith or any acts or omissions of wranglers or other employees or agents.
7. **The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by the State of Kansas** and is intended to be as broad and inclusive as is permitted by Kansas Law (**RIDE AT YOUR OWN RISK**), and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

Signature: _____

Date: _____

8. **Acknowledge that this document is a contract** and agree that if a lawsuit is filed against the Stable or its owner, agents, employees, guides or wrangles for any injury or damage in breach of this contract, the Undersigned will pay all attorneys fees and costs incurred by the Stable in defending such an action.

9. State that I am not now pregnant and that I have no history of epileptic seizures, heart condition or any other medical problem that could be affected by horseback riding.

10. **ALL CHILDREN UNDER THE AGE OF 18 ARE REQUIRED TO WEAR A PROTECTIVE HELMET APPROVED FOR HORSEBACK RIDING.**

I understand that images of myself/my child could be posted on the Ranch's social media sites. If you object to having your picture posted, please initial below.

I DO NOT WANT MY PICTURE OR MY CHILDS PICTURE POSTED ON LAZY BUCKS RANCH SOCIAL MEDIA. X _____ only initial if you DO NOT want you or your child's picture posted on social media.

12. If the person who is to enter into this Agreement is less than eighteen (18) years of age, his/her parent or guardian must read this Agreement and sign below on the behalf of the minor. I have read this entire Release of Liability Document. I understand it is a promise not to sue and to release the stable, It's owners, employees and agents for all claims. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Releasees allowing me or my child to ride or handle a horse. I have concluded that the risks involved and the release and waiver of liability are worth the pleasure of the horseback riding experience.

(Date)

(Signature)

Emergency Contact Information:

In case of emergency, please contact _____
(Print First and Last Name)

Phone: _____

Signature: _____

Date: _____

What Should I Bring to Camp?

- **Closed toed shoes** (tennis shoes are fine! Please be aware, campers will be on their feet all day, so please make sure they are comfortable!)
 - **Refillable water bottle** (no juice or pop please)
 - **Shorts** (If they want to bring jeans to ride in, that is fine, but shorts are fine too!)
 - **Swim Suit**
 - **Towel**
 - **Life Jacket** (if you have one)
 - **White T-Shirt** (to tie dye on the first day)
 - **Sunscreen**
 - **Bug Spray**
 - **Horseback riding helmet if you have one** (this is not a requirement, I have helmets for the kids to use).
 - **Extra Clothes**
 - **LUNCH EVERY DAY**
-
- **Please make sure your child is dressed appropriately! We do not cancel camp due to rain, so please watch the weather.**

Signature: _____

Date: _____