

## "Meanwhile...back at the ranch" Waiver Form

\_\_\_\_\_, certify that I am I, the parent, guardian or custodian of \_\_\_\_\_ \_\_\_\_\_. I authorize and consent for my child to participate in the "Back at the Ranch" camp. This camp takes place outdoors at Eagle Cliff Ranch, at the end of Ford Road, Billings, Mt., in Lockwood. Please list any special health concerns (example-asthma, bee sting allergy, food allergy,etc.)

(If your child takes medication, they need to receive their medication before the camp. If they need emergency medication for an allergy or asthma, they need to bring it with them.)

The following person, and number, should be contacted first in case of an emergency:

(Parent, Guardian) (Number) Second Emergency Contact:

Date of class session:

I,, giv	e
my permission forto	
attend the "Back at the Ranch" Camp. I understand it is outside	è
and active. I agree on behalf of my child named herein, or our	r
heirs, successors and assigns, to hold harmless and defend "Back	
at the Ranch Camp", the teachers, and camp location, from any an	d
all actions, claims, demands, costs, expenses, and all	
consequential damage arising from or in connection with my child	
attending this Camp.	

Signature:\_\_\_\_\_Date:\_\_\_\_\_