

SKYVIEWRANCH

Program Activity Waiver

_ Date: _

www.skyviewranch.org 7241 T.R. 319, Millersburg, OH 44654 Phone: 330-674-7511 • Fax: 330-674-4606

Parent or Guardian Signature:

ALL PARTICIPANTS MUST READ THIS RELEASE OF LIABILITY FORM PRIOR TO SIGNING AND PARTICIPATING IN PROGRAM ACTIVITIES

| | | of (city and state | e) | |
|--|--|--|---|--|
| Having the date of birth (month) | | , (day), (y | ear) _ | desire Skyview Ranch, a |
| Ohio not for profit corporation, t | o perm | it me to participate in the follo | wing d | escribed activity. |
| | X | General Activities | | Horseback Riding |
| | X | High Adventure Activities | | \mathcal{E} |
| | X X | Giant Swing Zip Line | X | Paintball Volunteer Work |
| In order to participate in the above men | | • | | |
| during my participation. I, for myself and on behalf of my heirs, Ranch, their officers, officials, agents a personal property. I acknowledge, understand and agree th above mentioned activities and that I si I certify I am able to take a full and activities. | assigns, and or en at I have gn this rive part idministers on the gn this rive part in the gn | luding all safety rules, and agree to further personal representatives and next of apployees, from any and all liability for the read this release of liability and assure elease of liability voluntarily and with the program at Skyview Ranch. In necessary medical treatment in case be used in promotion of the camp. | kin here kin here r injury, ume all independent | eby release and hold harmless Skyview disability, death, loss or damage to risk associated with participating in the |
| * * | es, and | | | pment must be supervised by |
| All program activitie | , | Skyview Ranch Staff | • | pment must be supervised by Date of Birth: |
| All program activitie articipants Name (Please Print): | | Skyview Ranch Staff | • | Date of Birth: |
| All program activities articipants Name (Please Print): _treet Address: | | Skyview Ranch Staff | | Date of Birth: |
| All program activities articipants Name (Please Print): _treet Address: | | Skyview Ranch Staff | | Date of Birth: |
| All program activities articipants Name (Please Print): _treet Address: | Cell: _ | Skyview Ranch Staff Email: | | Date of Birth:Zip Code: |
| All program activities articipants Name (Please Print): _street Address: | Cell: _ | Skyview Ranch Staff Email: | : | Date of Birth: Zip Code: |
| All program activities articipants Name (Please Print): _ treet Address: City, State: Iome Phone: Emergency Contact: Emergency Contact Phone: | Cell: _ | Email: Relationship: Insurance Ca | rrier/ N | Date of Birth: Zip Code: |