



**Alegre Farm**  
Camper Information

**Campers Information**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade/ School: \_\_\_\_\_

**Parent/ Guardian Information**

Parent/ Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian Phone Numbers: Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parents/ Guardian Email: \_\_\_\_\_

**Please list the names of two adults other than parent/guardian who may be contacted in case of emergency.**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Information**

*The following information is requested in case of accident or illness to better treat your child. The information is optional and not required for participation.*

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Describe any recent illness or injury: \_\_\_\_\_

Describe any pre-existing conditions: \_\_\_\_\_

Describe any other circumstances that would help leaders or medical professionals in working with the camper: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

**Over the Counter & Prescription Medication Summary**

Please list any/all medication currently being taken by the camper including prescription and over the counter medications. Additionally, parent/guardian should list any over the counter medication that may be given to the camper in case of illness. Camp personnel may not administer over the counter or prescription medication without parental/guardian approval unless prescribed by medical personnel. Campers are expected to provide all medication(s) listed and administer the medication. If health facilities and/or personnel are available at the facility, a request may be made prior to the event to have medication administered by trained personnel.

Name of Medication: \_\_\_\_\_

Illness/condition is medication being taken for: \_\_\_\_\_

Describe dosage and special instructions: \_\_\_\_\_

\_\_\_\_\_

Name of Medication: \_\_\_\_\_

Illness/condition is medication being taken for: \_\_\_\_\_

Describe dosage and special instructions: \_\_\_\_\_

\_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_ and give permission for the medications listed to be administered to as directed.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

I understand that should a health problem arise, I will be notified but that if I can not be reached by telephone, such medical treatment, including surgery, as deemed necessary by competent medical personnel could be rendered; that such necessary information may be released for insurance purposes and that I understand the limitation of the coverage as indicated below. Furthermore, I am aware that participation in this event includes risk including, but not limited to, sports and recreational games, water activities, animal encounters, gardening, homesteading activities, horseback riding hiking, as well as risks that are not foreseeable. For the sole consideration of the Rancho Alegre Farm arranging for participation and by a modest fee paid by me in/ for camp programming, I hereby release and forever discharge Rancho Alegre Farm, their members individually, and their officers, agents and employees from any and all claims, demands, rights and causes of action of whatever kind that I may have, either on my own behalf or in my capacity as a legal representative of my child, arising from or in any way connected with my child's participation in camp. I further covenant and agree that for the consideration stated above I will not sue Rancho Alegre Farm, its members individually, its officers, agents or employees for any claim for damages arising or growing out my child's participating in the program. I understand that the acceptance of this Release, Waiver of Liability, and Covenant not to sue Rancho Alegre Farm shall not constitute a waiver, in whole or part, of sovereign immunity by said Board, its members, officers, agents, and employees. I certify that my child is participating in camp with my knowledge and consent. I have read and understand all of the above policies. I also give permission my child's images, likeness, and voice to be used Rancho Alegre Farm in print or electronic form.

Parent/Guardian Signature \_\_\_\_\_

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

Camper's Name: \_\_\_\_\_

**Release of Liability of Horseback Activities**

**WARNING - Under Georgia Law, an equine activity sponsor or equine professional is not liable of an injury or the death of a participant in equine activities, pursuant to Chapter 12, Title 4 of the official Code of Georgia annotated.**

I, the undersigned, hereby give permission for my child to participate in horseback riding and horse related activities at Rancho Alegre Farm.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography/Videography Release Agreement**

*Please choose one option:*

I, \_\_\_\_\_ (parent/legal guardian), hereby **agree** that I will authorize use of images for Rancho Alegre Farm Participant here by grants to the Host, its representatives, and employees the right to take photographs and video of Participant in connection with Participant's participation in the Programs. Participant hereby authorizes the Host to copyright, use, and publish the same in print and/or electronically. Participant hereby agrees that the Host may use such photographs and video of Participant for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content.

I, \_\_\_\_\_ (parent/legal guardian), hereby **disagree** the authorized use of images for Rancho Alegre Farm Participant here by does not grant to the Host, its representatives, and employees the right to take photographs and video of Participant in connection with Participant's participation in the Programs. Participant hereby does not authorize the Host to copyright, use, and publish the same in print and/or electronically. Participant does not agree that the Host may use such photographs and video of Participant for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING (PHYSICALLY OR ELECTRONICALLY) THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parents or Guardians must also sign if the Participant is UNDER 18.

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Name:: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

