THE MARASCO RANCH SUMMERCAMP

RELEASE AND HOLD HARMLESS AGREEMENT

Child's Name(s)_____

1. In consideration of the privilege of participating at the Marasco Ranch (Jerry and Donna Marasco) I hereby voluntarily release and discharge the Marasco Ranch, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his /her participation in these activities. I understand that the Marasco Ranch (Jerry and Donna Marasco) assumes no responsibility for injuries and illnesses which my child(ren) may sustain as a result of his/her physical condition and or resulting from his/her participation in any athletic, sports programs, horse activities, the use of any equipment, exercise, or any/all other activities.

2. I understand that the Marasco Ranch is not responsible for personal property damaged, lost or stolen while members and/or program participants are using the Marasco Ranch facilities or on the Marasco Ranch premises.

3. In the event of an emergency and the emergency contact person cannot be reached, I hereby give permission to the physician selected by the Marasco Ranch to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application. Marasco Ranch (Jerry and Donna Marasco) shall not be liable for any resulting medical bills for any provided services. **I understand that all medical bills are my responsibility.**

4. **I understand that no accident or medical insurance is provided at Marasco Ranch with this activity**.

5. **I understand that in the event my child needs any medical care, all medical costs (doctors, hospital, long term treatment, etc.) are at my expense.**

6. I give my permission to the Marasco Ranch to use, without limitation or obligation, photographs, film footage, or tape footage which may include my child's image or voice for purposes of promoting or interpreting to the Marasco Ranch programs.

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Printed Name of Parent/Guardian E-mail Address Phone Number

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Signature of Parent/Guardian Date