# Ride to Read

*Location: Blue Oak Ranch*
*43671 Oak Leaf Trail * Three Rivers, CA 93271*

## Registration and Liability Waiver

### Participant Information

- **Student Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **City / State / Zip:** _____
- **School:** _____

### Health & Safety Information

1. **Physical Limitations, Medical Conditions, or Concerns**
   Please list any physical limitations, medical conditions, or other concerns that may affect the participant's ability to safely engage in activities on a rural ranch, including those involving proximity to, handling of, or riding horses:

   _____

2. **Allergies** (including medications, food, insect stings, animals, etc.):

   _____

3. **Medications Currently Taken:**_____

**Side effects or special instructions:**_____

## Emergency Contact Information

- **Parent / Guardian Name: _____**
- **Phone Number: _____** (Circle One: Cell / Home / Work)
- **Email Address: _____**
- **Emergency Contact Name: _____**
- **Relationship to Student: _____**
- **Phone Number: _____**

## Preferred Method of Communication

□ Text □ Email □ Phone Call

## Authorized Pickup Information

List all individuals authorized to pick up the student from the program:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

## Photo and Media Release

I □ grant / □ do not grant permission for **Blue Oak Ranch** to use photographs or video of my child for educational or promotional purposes.

**Initials: _____**

## Emergency Medical Authorization

In the event of a medical emergency, I authorize the staff of **Blue Oak Ranch** and/or emergency medical personnel to provide necessary treatment to my child.

**Parent/Guardian Signature: _____** **Date: _____**

# Liability Waiver and Release of Claims

I, the undersigned, am the parent/legal guardian/responsible party of the above-named student and wish for them to participate in the **Ride to Read** program at **Blue Oak Ranch**.

I understand and acknowledge that horseback riding and all activities related to horses involve inherent risks, including but not limited to: the unpredictable behavior of horses, the use of riding equipment, environmental conditions, terrain, and potential accidents. I understand that these risks may result in **injury, illness, property damage, or even death**.

I voluntarily assume all risks and agree to indemnify, release, and hold harmless **Blue Oak Ranch**, **Cathy Fitzpatrick**, **John Fitzpatrick**, and all affiliated instructors, staff, volunteers, and agents from any and all liability for injuries, damages, claims, or losses that may arise from or relate to participation in the Ride to Read program. This includes claims arising from **ordinary negligence**, but excludes gross negligence or intentional misconduct.

This release is intended to be **legally binding**, and I sign it on behalf of myself, my child, our heirs, successors, and assigns.

## Consent to Participate

I hereby give permission for my child to participate in the **Ride to Read** program at **Blue Oak Ranch** and affirm that all information provided is accurate to the best of my knowledge.

**Parent/Guardian Signature: _____ Date: _____**

**Printed Name: _____**