



PARENTAL CONSENT AND INSURANCE FORM

Heading ___ or Heeling ___

Student information:

Name: _____ Age: _____ Birth Date: _____ Sex: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 School: _____ Last Grade Completed: _____
 Parent/Legal Guardian: _____ Phone: _____
 Parent/Legal Guardian: _____ Phone: _____

I, _____ (Parent(s)/Legal Guardian(s)), do hereby give permission for my child, the above-named Student, to attend and participate in the activities sponsored by Equine Champion for Christ, Inc. on _____ (dates of camp). All Family is welcomed. How many Family Members will be attending camp _____. We authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or at any hospital. The undersigned shall be liable and agrees to pay all expenses toward any and all medical services rendered, as mentioned, to the child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons, the undersigned will pay for all transportation costs. And finally, the undersigned does hereby agree that my child has been entrusted while attending and participating in activities sponsored by Equine Champions for Christ, Inc.

Hospital Insurance:

Insurance Company: _____ Policy Numbers: _____
 Participant Signature: _____ Date: _____
 Parent/Legal Guardian Signature: _____ Date: _____ Phone: _____
 Parent/Legal Guardian Signature: _____ Date: _____ Phone: _____

Emergency Name and Phone other than Parent(s)/Legal Guardian(s):
 Name: _____ Phone: _____
 _____ Name: _____ Phone: _____

Signature of Guardian

Signature of Guardian

 Printed Name

 Printed Name

 Date

 Date

TALENT RELEASE

I hereby grant to Equine Champions for Christ, Inc. and their respective licensees, the rights forever to use, publish and distribute my picture, voice recording, and likeness in advertising promoting or publicizing Equine Champions for Christ, Inc. in any way, manner, form or media throughout the world in perpetuity.

I agree that any picture and/or voice recording or likeness of me created by representatives of Equine Champions for Christ, Inc. is owned by them. If I should receive any sort of reproduction or copy of my picture and/or voice recording, I shall not authorize or permit its use by anyone else. I agree that Equine Champions for Christ, Inc. is the author and copyright owner of any photo, recording, film, video, web or other material created in connection with this release.

I agree that I shall have no right of approval and no claim of compensation.

Signature of Guardian

Signature of Guardian

Printed Name

Printed Name

Date

Date

VETERINARY RELEASE

Horse information:

Name: _____ Age: _____

I, _____ Parent(s)/Legal Guardian(s), do hereby give permission for Equine Champions for Christ, Inc. and any of its staff or volunteers to consult with and administer any care necessary that the veterinarian may prescribe for the above-said animal. The undersigned shall be liable and agrees to pay all expenses toward any and all veterinary services necessary for the animal to return home due to medical reasons, and the undersigned will pay for all transportation costs. And finally, the undersigned does hereby agree that the animal has been entrusted while attending and participating in activities sponsored by Equine Champions for Christ, Inc.

Signature of Guardian

Signature of Guardian

Printed Name

Printed Name

Date

Date

**Grant of Permission to Participate
and Assumption of Risks, Indemnity, and Release of Liability**

1. Recitals and Granting of Permission. Equine Champions for Christ, Inc. (hereinafter "Champions") is a Texas nonprofit corporation that provides opportunities for children ages 12 through 18 to participate in various activities that are consistent with Champions' educational, religious and charitable purposes. Such activities are generally conducted over a period of several days and include, but are not limited to, equine- and rodeo-type activities, as well as religious services. Sites for these activities will vary, and may include property owned by McCall Ranch, L.P. (hereinafter "McCall Ranch"), Crooked Creek Ranch, L.C. (hereinafter "Crooked Creek"). Meals are provided and accommodations are generally furnished at local hotels or motels if not available on site, and transportation to and from the hotels or motels is generally provided. The range of activities will vary from event to event and each child selected to participate (hereinafter "Participant") may participate in a broad range of recreational and other activities not necessarily limited to the specific activities mentioned above. It is the responsibility of each Participant and each Participant's legal guardian(s) (hereinafter "Guardians") to familiarize themselves with the schedule of events and the activities that the Participant will be engaged in or exposed to and to notify Champions in writing of any limitations on the Participant's ability to engage in any activities or the denial of permission for any Participant to engage in any activities. In the absence of such written notice, the Guardians by their signatures below give permission to the Participant to engage in all activities offered, provided or arranged by Champions, including but not limited to, housing, meals, transportation, equine-related, rodeo-related, and other recreational activities, and religious services. Guardians are free to attend and observe but must pay their own expenses. **BY THEIR SIGNATURES BELOW, PARTICIPANT AND GUARDIANS ACKNOWLEDGE THAT THE RODEO-RELATED ACTIVITIES TO BE CONDUCTED AT THE CAMP MAY INCLUDE BULL RIDING, AN INHERENTLY DANGEROUS ACTIVITY.**

2. Parties Bound by this Document. If the Participant is 18 years of age, then the participant must sign this document and is bound by all things contained in this document. If the participant is younger than 18 years of age, or if the Guardian is attending and event or will be providing personal property for the Participant's use, then ALL Guardians must sign this document, and by doing so represent that they are legal guardian(s) of the Participant and are signing this document and entering into all agreements, indemnities and releases contained herein both on their own behalf and in their capacity as legal guardian of the Participant and on behalf of the Participant.

3. Assumption of Risks. THE UNDERSIGNED ACKNOWLEDGES THAT (a) DANGEROUS NATURAL OR MAN-MADE CONDITIONS MAY EXIST OR OCCUR ON THE PROPERTY OR PROPERTIES ON WHICH ACTIVITIES ARE TO BE CONDUCTED, INCLUDING BUT NOT LIMITED TO, DANGEROUS EQUIPMENT, STRUCTURES OR IMPROVEMENTS, STREAMS AND RIVERS WITH CURRENTS OR WATER THAT MAY BE DEEP OR FLOOD, HAZARDOUS DRIVING OR WALKING CONDITIONS, UNEVEN TERRAIN, AND THE PRESENCE OF WILD, DOMESTIC, POISONOUS, OR DISEASED ANIMALS; AND (b) RECREATIONAL ACTIVITIES, INCLUDING BUT NOT LIMITED TO, THOSE INVOLVING EQUINE- AND RODEO-RELATED EVENTS, CAMPFIRES,

SWIMMING, CLIMBING, HIKING, AND DRIVING OR RIDING IN MOTORIZED VEHICLES, ARE INHERENTLY DANGEROUS ACTIVITIES. EACH AND ALL OF THE UNDERSIGNED ASSUMES ALL SUCH DANGERS AND RISKS.

4. **Indemnity.** THE UNDERSIGNED WILL INDEMNIFY, DEFEND, AND HOLD CHAMPIONS, MCCALL RANCH AND CROOKED CREEK, AND EACH OF THEIR RESPECTIVE PARTNERS, MEMBERS, OWNERS, DIRECTORS, MANAGERS, OFFICERS, AGENTS, REPRESENTATIVES, EMPLOYEES, INDEPENDENT CONTRACTORS, INVITEES, LICENSEES, VOLUNTEERS, AND VISITORS (HEREINAFTER COLLECTIVELY REFERRED TO AS "INDEMNITEES") HARMLESS AGAINST ALL LOSSES, CLAIMS, LIABILITIES, CAUSES OF ACTION AND DAMAGES, OF ANY KIND OR CHARACTER, AND EXPENSES AND ATTORNEY'S FEES (COLLECTIVELY, "CLAIMS"), INCURRED BY OR ASSERTED AGAINST INDEMNITEES OR ANY OF THEM AND IN ANY WAY ARISING OUT OF ANY ACT OR OMISSION OF PARTICIPANT OR THE UNDERSIGNED AT ANY FUNCTION OR ACTIVITY OFFERED, PROVIDED OR ARRANGED BY CHAMPIONS, INCLUDING BUT NOT LIMITED TO, SUCH ACTIVITIES TAKING PLACE ON PROPERTY OWNED BY MCCALL RANCH OR CROOKED CREEK. THIS INDEMNITY INCLUDES, BUT IS NOT LIMITED TO, CLAIMS BASED ON ANY (a) INJURY TO OR DEATH OF ANY PERSON(S), (b) DAMAGE TO OR LOSS OF PROPERTY, OR (c) FAILURE OF THE PARTICIPANT OF THE UNDERSIGNED TO COMPLY WITH ANY APPLICABLE LAWS OR CHAMPIONS' RULES OF CONDUCT.

5. **Release.** THE UNDERSIGNED RELEASES CHAMPIONS, MCCALL RANCH AND CROOKED CREEK, AND EACH OF THEIR RESPECTIVE PARTNERS, MEMBERS, OWNERS, DIRECTORS, MANAGERS, OFFICERS, AGENTS, REPRESENTATIVES, EMPLOYEES, INDEPENDENT CONTRACTORS, INVITEES, LICENSEES, VOLUNTEERS, AND VISITORS OF AND FROM ALL LOSSES, CLAIMS, LIABILITIES, CAUSES OF ACTION AND DAMAGES, OF ANY KIND OR CHARACTER, AND EXPENSES AND ATTORNEY'S FEES (COLLECTIVELY, "CLAIMS"), PAST, PRESENT OR FUTURE, IN ANY WAY RELATED TO OR ARISING FROM THE UNDERSIGNED'S PARTICIPATION IN OR ATTENDANCE AT ANY EVENT OFFERED, PROVIDED OR ARRANGED BY CHAMPIONS, INCLUDING BUT NOT LIMITED TO, SUCH ACTIVITIES TAKING PLACE ON PROPERTY OWNED BY MCCALL RANCH OR CROOKED CREEK. THIS RELEASE INCLUDES, BUT IS NOT LIMITED TO, CLAIMS BASED UPON (a) INJURY TO OR DEATH OF THE PARTICIPANT OR THE UNDERSIGNED OR (b) DAMAGE TO OR LOSS OF ANY PROPERTY BELONGING TO THE PARTICIPANT OR THE UNDERSIGNED.

6. **Negligence of Owners.** THE FOREGOING ASSUMPTIONS OF RISK, INDEMNITIES, AND RELEASES WILL APPLY EVEN IF THE INCIDENT GIVING RISE TO THE CLAIM IS CAUSED IN WHOLE OR IN PART BY THE CONDITION OF ANY REAL OR PERSONAL PROPERTY INVOLVED, OR BY THE SOLE OR CONCURRENT ORDINARY OR GROSS NEGLIGENCE OF CHAMPIONS, MCCALL RANCH OR CROOKED CREEK, THE INDEMNITEES, OR ANY OF THEM.

7. This agreement is governed by Texas law.

By signing below you acknowledge that you have read and understand the terms of this document.

Signature of Participant (if at least 18 years of age)

Printed Name

Date

Signature of Guardian

Printed Name

Date

Signature of Guardian

Printed Name

Date

ACKNOWLEDGMENTS

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on _____, 2_____, by

_____.

SEAL

Notary Public
My commission expires:

_____ [date]

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on _____, 2_____, by

_____.

SEAL

Notary Public
My commission expires:

_____ [date]

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on _____, 2_____, by

_____.

SEAL

Notary Public
My commission expires:

_____ [date]

Team Roping Clinic – 3 Questions you would like to ask your instructors.

Question 1:

Question 2:

Question 3:
