

Wings of Eagles Ranch



Authorization for Emergency Medical Treatment

SUMMER CAMP 2007

Child's Name: _____ DOB: ___/___/___

Parent's Name: _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Address: _____ City: _____ Zip: _____

Physician's Name: _____ Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact (during camp):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Wings of Eagles Ranch to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: ___/___/___ Consent Signature: _____

Client, Parent, or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: ___/___/___ Consent Signature: _____

Client, Parent, or Legal Guardian

Wings of Eagles Ranch

RELEASE AND INDEMNIFICATION AGREEMENT

STATE OF NORTH CAROLINA §
 §
COUNTY OF CABARRUS §

THAT for and in consideration of the undersigned being permitted on the Wing of Eagles Ranch, Inc., situated in Cabarrus County, North Carolina, for the purpose of engaging in equine activities as that term is defined in NC ST § 99E-1(1) and NC ST § 99E-1(3), the undersigned agrees that he/she shall engage in equine activities at his/her own risk and accepts the inherent risks of equine activities. The undersigned accepts that under NC ST § 99E-2, Wings of Eagles Ranch, the sponsor of the equine activity, its agents, employees, heirs, executors, administrators, successors and assigns, jointly and severally, shall not be liable to the undersigned for damages or personal injuries which may arise out of the undersigned engaging in equine activities. The undersigned agrees to RELEASE, ACQUIT, HOLD HARMLESS and FOREVER DISCHARGE Wings of Eagles Ranch, its agents, servants and employees and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, which the undersigned has or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributes to the undersigned engaging in equine activities. The undersigned further agrees to INDEMNIFY and HOLD Wings of Eagles Ranch HARMLESS from and against any and all suits, actions, losses, damages, claims, or liability of any character, type or description, including all expenses of litigations, court costs, and attorney's fees for injury received or death to the undersigned, arising out of or occasioned by, directly or indirectly, the undersigned engaging in equine activities.

The undersigned further agrees to defend, at his own expense, and on behalf of Wings of Eagles Ranch, and in the name of Wings of Eagles Ranch, any claim or litigation brought in connection with any such injury, except that Wings of Eagles Ranch shall be entitled to select its respective counsel, however, the cost for such defense shall be paid solely by the undersigned.

This Release and Indemnification Agreement and all contents herein, are expressly made binding upon and shall inure to the detriment of the heirs, legal representatives, administrators, executives, appointees, legatees, trustees, successors and assigns of each of the undersigned hereto, and their children, wards or issue.

WARNING

UNDER NORTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT I EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITES. CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES.

Executed the _____ day of _____, 200_____

Rider or Volunteer Name: _____

Signed: _____ Driver's License # _____
(If under 18, Parent or Legal Guardian)

Address: _____ City: _____ State: ____ Zip: _____

WITNESSED BY (to be signed by a Wings of Eagles Ranch staff member):

Print Name: _____ Signed: _____

4800 Thunderbolt Road
Concord, NC 28025

Dated: _____