

SKYVIEWRANCH

Program Activity Waiver

__ Date: __

www.skyviewranch.org 7241 T.R. 319, Millersburg, OH 44654 Phone: 330-674-7511 • Fax: 330-674-4606

Parent or Guardian Signature:

ALL PARTICIPANTS MUST READ THIS RELEASE OF LIABILITY FORM PRIOR TO SIGNING AND PARTICIPATING IN PROGRAM ACTIVITIES

		of (city and stat	e)	
Having the date of birth (mo	onth)	, (day), (year) _	desire Skyview Ranch, a
	, I	1 1	_	escribed activity. (Check the box or
boxes that describe your acti				Horseback Riding
	_	Adventure Activities		Swimming
		nt Swing	\boxtimes	Paintball
In order to participate in the above	∟ Zip	Line		Volunteer Work
activities and or from the equipme I freely assume all such risks, both I will read and understand the rule during my participation. I, for myself and on behalf of my Ranch, their officers, officials, agreersonal property. I acknowledge, understand and ag above mentioned activities and the I certify I am able to take a full an I further authorize Skyview Ranch I also realize that my picture or terms.	ent involved in partice the known and unknown and unknown as of play, including theirs, assigns, personents and or employed at I sign this release and active part in the particular to administer necessistimony may be used.	cipation in such activities. In all safety rules, and agree to formal representatives and next of this release of liability and assort liability voluntarily and with orogram at Skyview Ranch. In a search medical treatment in case of in promotion of the camp. In and use of program	lity for notally come f kin here or injury, sume all thout indue of acci	ply with the rules and safety regulations by release and hold harmless Skyview disability, death, loss or damage to risk associated with participating in the
		Skyview Ranch Stat		
Participants Name (Please Prin	nt):	Skyview Ranch Staf		Date of Birth:
		<u> </u>		
Street Address:				
Street Address:				
Street Address: City, State: Home Phone:	Cell:	Email:		Zip Code:
Street Address: City, State: Home Phone: Emergency Contact:	Cell:	Email: Email: Relationship):	Zip Code:
Street Address: City, State: Home Phone: Emergency Contact:	Cell:	Email: Relationship Insurance Ca	o:	Zip Code: