



MEDICAL / LIABILITY RELEASE – Adult

Sandia Creek Ranch

If medical care is required for _____ (name), the undersigned authorizes appropriate care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment and agrees to hold harmless, the above and Sandia Creek Ranch, its owners and staff, and agrees to pay personally, or thru insurance, the incurred expenses.

Today's Date: _____ (Month/Date/Year)

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Spouse (or other adult) to be notified if needed,

Contact: _____ Relation: _____ Phone: _____

I am allergic to: _____

I take the following medications: _____

_____ for: _____

My birth date is: _____ Age: _____

Date of last tetanus immunization is: _____

I am covered by the following medical insurance: _____

Policy Number/Medical Record Number: _____

Provide Xerox copy of card front and back.

Special Instructions: (fears, concerns, medical information, etc.): _____

The undersigned hereby agrees, understands and acknowledges the following:
THE RANCH FACILITY IS LOCATED IN A WILDERNESS AREA AND NATURAL HAZARDS ABOUND AND THAT THERE ARE RISKS RELATED TO NATURE, TRAMPOLINE, "TRACTOR OR GOLFCART RIDES", AND A DOUGHBOY POOL, ETC. AND THAT HORSES ARE DANGEROUS AND OFTEN UNPREDICTABLE ANIMALS. ANY ACTIVITY UNDERTAKEN AROUND OR NEAR HORSES CAN LEAD TO BODILY INJURY OR DEATH EVEN IF PROPER CARE IS TAKEN.

It is understood that Sandia Creek Ranch cannot carry enough insurance, nor has the assets to provide medical care for you should an accident occur. It is required that you provide current medical insurance coverage for your self and be responsible for your care and expenses should medical attention be required.

I, THE UNDERSIGNED, VOLUNTARILY, WILLINGLY, AND KNOWINGLY ASSUME THAT RISK AND LIABILITY.

I also agree to give SCR permission to use any photographs and/or videos of our involvement in the Activities.

IT IS AGREED THAT I WILL FOLLOW ALL SCR RULES AND STAFF DIRECTION:

I HAVE READ THIS ENTIRE RELEASE AND I AGREE TO IT:

Signature _____ Date _____

Email address: _____