



Permission to Transport & Secure Treatment

In the event that I cannot be reached to make arrangements for emergency medical or dental care for my child(ren), I grant my permission for: Silver Sage Ranch Horse Camp to take my child(ren): Print Child(ren)'s

Name(s): _____ To the nearest hospital, medical or dental facility for treatment for any accident or illness as deemed necessary by the provider. I accept liability for all treatment and ambulance expenses

Parent/Legal Guardian Signature: _____

Health Insurance Company: _____

Card Holder Name: _____

Policy Number: _____

Group Number: _____

Photographic Authorization Form:

Freedom to photograph is limited by the following conditions: Occasionally, photographs may be taken of your child(ren) for use in our brochures, website, handouts, etc. Please fill out the area below to give Silver Sage Ranch and its employees the right to occasionally photograph your child(ren) and to use any photos taken for their commercial use in advertising the ranch and its facilities. In no way will pictures of minor children be sold to or given to anyone else. By signing below, you authorize Silver Sage Ranch and its employees to photograph your child(ren) while taking part in daily activities for possible use in brochures or website.

Name or Minor(s): _____

Parent/ Legal Guardian Signature: _____

Address: _____

General Liability:

I release Silver Sage Ranch, it's Horse Camp and all personnel affiliated with it from any and all liability due to injury that may be caused in the course of my child(ren)'s stay at said Ranch. I also understand that I will be notified immediately of any injury that does occur after proper medical attention is sought for my child(ren).

Minor(s)Name(s) _____ Age(s) _____

Parent/Legal Guardian Signature: _____ Date: _____