

White Pines Ranch Outdoor Education Center
3581 Pines Rd, Oregon IL 61061 (815-732-7923) Fax (815-732-7924)
Emergency Medical Information

School _____ Dates at WPR: _____

Name of Participant _____ Age _____ Birthdate _____ Boy/Girl _____

Address _____ City _____ State _____ Zip _____

Name of Parent(s): _____

Phone Numbers: Home _____ Cell _____ Work _____

Place of Work _____

In Case of Emergency, Contact: 1. _____ Day Phone _____
Evening Phone _____

2. _____ Day Phone _____
Evening Phone _____

Family Doctor _____ City _____ Phone _____

(Please label medication with name, dosage and time to be taken. All medication should be given to teacher, school administrator or school nurse.)

Activities that you would rather not participate in _____

Accident/Medical Insurance Company _____ Policy # _____

Assumption of Risk, Full Release and Indemnity

We are cognizant of some dangers of participating in this program. In consideration for allowing the student to participate in activities and use ranch facilities, we assume all risk, agree that no claim will be made against and do fully release Little Sisters, Incorporated, it's officers, owners, employees and agents (the Program) for injury, death, damages or any loss whatsoever incurred unless due to gross negligence. We hold harmless all Program providers from all claims by family, our legal representatives and us. We assure you the student is in good condition and has no impairment preventing safe participation in the Program. We indemnify the Program from any loss it may incur because of our participation. We know this is a legal agreement and will be broadly interpreted. I hereby give permission for X-rays, suturing of lacerations and other treatment deemed necessary by the attending physician in the Emergency Room.

I HAVE THE LEGAL AUTHORITY TO SIGN ON BEHALF OF THE CHILD AND FAMILY. I HAVE READ THIS CAREFULLY AND UNDERSTAND IT. I KNOW THIS IS AS FULL AND COMPLETE A RELEASE AS IS POSSIBLE AND I HAVE SIGNED IT VOLUNTARILY.

(Parent) (Guardian) (Self)