## Ranch Camp Liability Waiver / Release Form

Child's Name:	Birth Date:	
Parent(s) / Legal Guardian(s):		
Medical Condition(s) and/or allergies:		
Agricultural Experience:		
I, REQUEST perr	mission for my child	l,
(Name of Parent or Guardian)		(Name of Child)
to participate in ranch, farm, agricultural, nature and other Ranch, Cartwright MB.	activities with Quinn I	Mullin and/or her assistant(s) at Clay
I FULLY UNDERSTAND AND ACKWNOLEDGE that there participating in a class/activity on a ranch and working aro chickens, dogs, cats, and any other animal on the property	und livestock, includir	
I ASSUME AND ACCEPT all risk of injury or loss to my ch	ild or damage to my p	property.
AS A CONDITION for my child being permitted to participal guardians and legal representatives, I agree on behalf of r discharge Quinn Mullin and Clay Ranch, including all owneagents, representatives or anyone acting on their behalf, of persons making property available to Quinn Mullin and Clato my child or any damage to my property or loss of any kild activities at Clay Ranch.	my family not to bring ers, operators, directo or guests, including ar ay Ranch, for any and	any claim and waive, release and ors, officers, employees, assistants, by landowner, land holders or other all claims or liability for injury or loss
I ACKWNOLEDGE reading the above Release and Waive	er of Liability, which I U	JNDERSTAND.
Signature of Parent / Legal Guardian:		
Name Parent / Legal Guardian:		
Address:		
City: Province:		Postal Code:
	Work Phone:	
Cell Phone:	_ Email:	
Date:	* Please circle or mark your preferred emergency contact	
PLEASE mark this box if you DO NOT give consent to Qui Clay Ranch to use photo/video/audio material of yourse use on their website, social media and any educational, promotional electronic or printed material without restr	If or your child for training or	CLAY RANCH 79105 Rd 7N P.O Box 34 Cartwright, Mb R0K 0L0

frequency or duration of usage and without compensation.

Ph. 204 529 2131 www.clayranch.ca