

***Time to Saddle Up!* Saturday, November 16, 2019**
Whispering Meadows Ranch Charity Poker Ride
At Double C Ranch "a working cattle ranch & lodge"
7650 CR 305 Bunnell, FL 32110

Join us as we enjoy a beautiful ride and experience a glimpse of old Florida at **Double C Ranch**! The morning ride will depart at 8:45am with plenty of trails to embrace nature and work up an appetite. Lunch will be served from 12-3pm with GREAT prizes for the raffle!

Return the completed forms with payment to:

Whispering Meadows Ranch
5011 John Anderson Highway, Flagler Beach, FL 32136

Participant: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Email: _____

Pricing:

Participant: (trail ride, lunch, t-shirt)	\$35.00 (due by 10/25/19)
Day of Event participant (t-shirt while supplies last).	\$40.00
Lunch only	\$10.00
T-shirt only	\$20.00

T-Shirt Size Unisex. S _____ M _____ L _____ XL _____ 2XL _____

Payment: Check (made payable to Whispering Meadows Ranch)

Enclosed for: _____

Emergency Contact Info: (must be someone who will not be on the trail ride with you)

Name: _____ **Phone:** _____

QUESTIONS: 386-527-0607 JOHANNA, or info@whisperingmeadowsranch.org



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant's Name: _____
In case of Emergency, contact: _____ Phone(s): _____
Physician's Name: _____
City: _____ Phone: _____
Preferred Medical Facility: _____
Health Insurance Carrier: _____ Policy #: _____
Please indicate any allergies: _____

CONSENT PLAN

I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event of an emergency medical aid/ treatment is required due to illness or injury during the process of receiving services, any participation on my part with **Whispering Meadows Ranch**, or while being on the property of **Double C Ranch**, I authorize Whispering Meadows Ranch staff or **Double C Ranch** to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Volunteer/Participant Consent Signature _____ Date: _____

Signature of Parent/Guardian _____

(If volunteer/participant is under 18 years of age, both signatures are required)

NON-CONSENT PLAN

I do not give consent for emergency medical treatment/aid in the event of illness during the process of receiving services, any participation on my part with **Whispering Meadows Ranch**, or while being on the property of **Double C Ranch**. In the event emergency treatment/ aid is required, I wish the following procedures to take place: _____

Volunteer/Participant Signature: _____ Date: _____

Signature of Parent Guardian _____



UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I acknowledge that I will engage in horseback riding and other equestrian activities at **Double C Ranch in Bunnell, Florida**. I represent that I am experienced in horsemanship or it has been explained and I understand and accept that equestrian activities can be dangerous and hereby accept and assume all risks to my person and property incident to such activities.

I hereby waive, release and relinquish all rights and claims I may now or hereafter have against **Double C Ranch, The Owners, Trustees** of the land and buildings upon which it operates it's business and the event host, **Whispering Meadows Ranch, Inc., its Owners and Trustees**, to any or all injury to myself, and damage to my personal property which may arise, directly or indirectly from my presence on said premises or my participation in such activities. This waiver and release shall bind me, my heirs and legal representatives.

Date: _____

Signature of Participant/Volunteer/Rider: _____

Signature of Parent or legal Guardian: _____

PrintName: _____

Participants Name: _____

Participants Date of Birth: _____

Address: _____

Telephone: _____

Email: _____

QUESTIONS: 386-527-0607 JOHANNA, or info@whisperingmeadowsranch.org

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Flagler Beach, FL 32136***