



PARRIE HAYNES RANCH
EQUESTRIAN CENTER
KILLEEN, TEXAS



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Event Name	Cypress Stake Pioneer Trek
Event Date	March 11 th -14 th 2020
Sponsoring Organization & Address	The Church of Jesus Christ of Latter-Day Saints
Event Location: Parrie Haynes Ranch, 13816 Maxdale Road, Killeen Texas 76549	General Open Area including campground Trekking on the Parrie Haynes Ranch
Event Manager Name	Diana Gunderson
Position Title	Stake Youth Leader
Email	gundiemomma@gmail.com
Cell phone	281-773-3539
Office phone	none

STATEMENT OF INDIVIDUAL LIABILITY WAIVER

The following must be signed and dated for entry to Parrie Haynes Ranch and participation in any activities :

I wish to participate in an event to be held on the property leased by the Parrie Haynes , to be held at the above location on the above stated date.

INDEMNITY CLAUSE

I hereby agree that Parrie Haynes Ranch, and State of Texas, their officers, managers, partners, agents, and /or employees, shall not be held responsible for any injuries to the property or person named below.

I UNDERSTAND that being away from the main campground involves being in remote areas for extended periods of time, with limited communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which management cannot anticipate, identify, modify, or eliminate; and that accidents can happen to anyone at any time. I AGREE to take full responsibility for myself.

-----end of page one-----

I will not sue or bring any claim against Parrie Haynes Ranch or the above named club, its officers, all individual members thereof, and all property owners over whose land the event take place, for any injury, accident or loss which arises out of this event, and will hold Parrie Haynes Ranch or the above named club and its informal affiliates free from all liability for such injury or loss, even if such injury or loss arises from its own negligence.

*****WARNING*****

If the event includes farm animal activities either belonging to the person named below or some other person;

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISK OF FARM ANIMAL ACTIVITIES.

Read and fill in each line below:

Print Your Name: _____

Emergency contact person: _____ Phone _____

Signature of Participant: _____ Date: _____

MUST BE COMPLETED FOR MINORS UNDER 18 YEARS OF AGE

Parental/Legal Guardian consent for minors to participate and parental/legal guardian assumption of risk and hold harmless relating to the minor's participation in the recreational activity:

Parent or Legal Guardian of Minor: _____

Birth date of Minor: _____

Name of adult responsible for Minor: _____

Phone: _____

-----end of page two-----

Permission and Medical Release Form

Complete this form separately for each event or activity involving special considerations (see *Handbook 2: Administering the Church*, 13.6.20, ChurchofJesusChrist.org), an overnight stay, travel outside the local area, or an activity with higher than ordinary risks.

Event Details (to be filled out by event planner)			
Event Cypress Stake Trek		Date(s) of event March 11-14, 2020	
Describe event and activities (please be specific) Reinst pioneer Trek @ Parrie Haynes Ranch			
Ward		Stake Cypress Stake	
Event or activity leader Diana Gunderson	Event or activity leader's phone number 281-773-3539	Event or activity leader's email gundiemomma@gmail.com	
Participant Information			
Participant		Date of birth	Age
Primary telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Address		City	State or province
Emergency contact (parent or guardian)	Primary telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary telephone number	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Medical Information			
Does the participant require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain the dietary restrictions		
Does the participant have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the allergies		
Is the participant taking any medication or over-the-counter (OTC) drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can the participant self-administer his or her medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please contact the event or activity leader directly.		
List all prescription or over-the-counter (OTC) medications the participant is taking			
Physical Conditions That Limit Activity			
Does the participant have a chronic or recurring illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain		
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain		
Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity (attach additional pages if needed)			
Other Accommodations or Special Needs			
Identify any other needs or considerations the participant has that the event or activity planner should be aware of (attach additional pages if needed)			
Permission			
I give permission for my child or youth to participate in the event and activities listed above (unless noted) and authorize the adult leaders supervising this event to administer emergency treatment to the abovenamed participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this event and travel to and from this event.		The participant is responsible for his or her own conduct and is aware of and agrees to abide by Church standards, camp or event safety rules, and other pertinent instructions. Participants' conduct and interactions should abide by Church standards and exemplify Christlike behavior. Parents and participants should understand that participation in an activity is not a right but a privilege that can be revoked if they behave inappropriately or if they pose a risk to themselves or others.	
Participant's signature		Date	
Parent or guardian's signature (if necessary)		Date	

Hold Harmless Agreement

I understand that participation in Trek involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Church of Jesus Christ of Latter-day Saints, the activity coordinators, and all volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Participant's printed name

Participant's signature

Date _____

Parent/guardian printed name

Parent/guardian signature

Date _____