

EMERGENCY MEDICAL INFORMATION (Heifer Ranch Waiver Form page 2 of 2)

Participant Information:

Name: _____ Birth Date: _____

Home Address: (Include City/State/Zip Code) _____

Home Phone: () _____ Social Security #: _____ (optional)

Medical conditions or special needs that might effect your participation in programming or would need to be known in case of emergency: _____

Medications you are currently taking: _____

Dietary restrictions: _____

Emergency contact information (other than traveling companion):

Name: _____ Relationship to you _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Physician's Name: _____ Office Phone: () _____

Insurance: Heifer Project International requests each participant to be covered by sufficient health/accident insurance. This coverage may be provided by a policy carried by the participant, a parent, a spouse, or the sponsoring organization (church, school, employer, etc.).

Insurance Company _____ Effective Date _____

Group I.D. Number _____ Individual I.D. Number _____

Pre-admission Certification Phone Number: () _____

Medical Release: In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis, and treatment that is deemed necessary by Heifer Project International staff or any paramedic, nurse, physician, or dentist.

THIS HEIFER RANCH WAIVER FORM MUST BE SIGNED ON PAGE 1

Heifer Ranch Program Participants must complete both sides of this WAIVER form
Group Leader brings 2 copies: original goes to Ranch Staff upon arrival and copy stays with leader during the program

PARTICIPANT NAME: _____

SPONSORING ORGANIZATION: _____

HEIFER RANCH PROGRAM NAME: (circle one): Cultural Connections/Heifer Challenge/Global Explorers/Global Gateway/
Global Challenge/ Summer Action/Alternative Spring Break/Global Passport/Adult Service Journeys/NOMADS/Other _____
To learn more about these programs visit www.heifer.org/ranchprograms.

HEIFER RANCH PROGRAM DATE(S): Arrival: ___/___/___ Departure: ___/___/___

**HEIFER PROJECT INTERNATIONAL
DISCLOSURE AND ACKNOWLEDGEMENT OF RISK**

Heifer Project International's educational programs utilize experiential and adventure education to help participants "learn by doing." The programs are supervised by qualified instructors who have been trained in group facilitation techniques and approved safety procedures. All activities are presented on a "Challenge by Choice" basis. This means that participants choose their own level of participation.

The program activities are designed to be within the capability of anyone who is in reasonably good health. Prospective participants who are not in good health, who have pre-existing medical conditions, or who have questions about the current status of their health should consult with their physician before participating. Consultation with a physician is recommended if you have any of the following conditions; nervous system disorders (epilepsy, seizures, etc.), heart disease, respiratory problems (asthma, emphysema, etc.), back or neck injuries, pregnancy, recent bone or joint injuries, recent surgeries, or judgment-impairing medications.

The instructors will take every reasonable precaution to assure participants' safety. However, any outdoor activity includes unforeseeable risks, including poisonous plants, wild or domestic animals, slips and falls, cuts, bruises, sprains, fractures, and exposure to the elements. The nature of this program may also expose the participant to emotional risk. Participants in the Global Gateway, Global Passport, Global Challenge, Summer Action Program, and Alternative Spring Break programs may have to make difficult decisions regarding the use of an animal for nourishment. The undersigned acknowledges that the participant choice to use an animal for nourishment does not constitute a "sale" but is a component part of the educational experience. The undersigned knowingly and voluntarily assumes all risk of injury arising out of or in connection with the programs, whether or not such risk are specifically foreseeable, including without limitation the following:

1. Physical Exhaustion;
2. Exposure to heat or Cold;
3. Exposure to Heights;
4. Ingress or Egress into or out of the Course or Training Area or Facility;
5. Consumption of Food Prepared by Group Participation using Ways and Means authentic to Foreign Countries;
6. All other conditions related to the Course or Training

The undersigned warrants that he or she has undergone the necessary medical evaluation and certification that his or her physical condition and capabilities are sufficient to withstand the potential hazards and rigors of the course of training.

The undersigned waives any liability of Heifer Project International for participant/group choices within programs, including those choices regarding the use of an animal for nourishment, and the group process of cooking such a meal for consumption. The undersigned covenants that he or she will not sue Heifer Project International or otherwise pursue any claims for any risks or injuries identified in this document or otherwise arising out of the programs. The undersigned agrees to indemnify Heifer Project International, and provide a defense, against any and all claims for any risks or injury arising out of or in connection with the course or the training.

Further, Heifer Project International is hereby authorized to use the participant's likeness, through the use of, but not limited to photography, video, or film, for future promotional or public relation use, as deemed appropriate and beneficial to Heifer Project International and the undersigned releases any and all claims for compensation or damages for use of such images. Heifer Project International is hereby authorized to use the participants name and address for promotional purposes by Heifer Project International and/or one of its learning centers.

The undersigned hereby certifies that he or she releases any and all rights or claims for damages against Heifer Project International, its employees, agents, and all individuals assisting in instruction and conducting the programs, from all liability of any nature for any and all injuries, loss, or damage suffered by the undersigned.

Participant Signature _____ Date _____

Parent/Guardian signature _____ Date _____

(Parent or legal guardian signature required if participant is under 18 - signature represents compliance with both sides of this form)