



Iron Horse Country Ranch LLC
Medical Release 2012

Parent's Father's Name: _____

Mother's Name: _____

Childs (1) Name : _____

Childs (2) Name : _____

Childs (3) Name : _____

Childs (4) Name : _____

Your Phone Number: _____ Email : _____

Emergency Contact : _____

Phone Number: _____

In the event of an emergency or non-emergency situation requiring medical treatment,

I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to me or my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. By signing this form parents agree that all information is correct and true. Parents assume all risk of injury to themselves or child/children and acknowledge that Iron Horse Country Ranch LLC does not provide medical insurance. Parents are responsible for themselves and child's medical costs.

Parent's Signature _____

Date _____