

MARMON VALLEY MINISTRIES

Date _____

Employee/Volunteer/Participant Health History Form

The information below is gathered solely to assist us in providing appropriate care should a health emergency arise. Any changes to this form should be given to the camp director upon arrival. Please provide complete and accurate information.

Name _____ Date of Birth _____ Gender ___M ___F

Address _____ City _____ State _____ Zip _____

Parent/guardian (in case of emergency) _____ Phone _____ Cell Phone _____

Address if different _____ City _____ State _____ Zip _____

Parent/guardian (in case of emergency) _____ Phone _____ Cell Phone _____

Address if different _____ City _____ State _____ Zip _____

Other contact (in case of emergency) _____ Phone _____ Cell Phone _____

Address if different _____ City _____ State _____ Zip _____

Family Doctor: _____ Phone: _____

Insurance Information

Insurance Carrier or Plan Name _____ Group # _____

Treatment Authorizations: This health history is correct and complete as far as I know. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests to the above named employee/volunteer/participant. I agree to the release of any records necessary for insurance purposes. In case of an emergency, I give permission to the camp to arrange necessary transportation for the above named employee/volunteer/participant. Additionally, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed health form may be photocopied for use out of camp.

Signature of Employee/Volunteer/Participant: _____ Date: _____

Signature of Parent if above named person is a minor: _____ Date: _____

Liability Release: I understand that I/my child assumes personal risk by participating in the activities at Marmon Valley Farm, Inc. and Marmon Valley Ministries, Inc (herein referred to together as MV). These activities include but are not limited to horseback riding, the challenge course and swimming. I understand MV provides safe equipment and the basic instruction needed for my/my child's safety. I realize these activities are potentially dangerous by nature, therefore; I release MV as liable or responsible for injury in the event of a lawsuit. I also give permission for photographs and video of myself to be used for promotional purposes including but not limited to brochures, website, display boards and posters.

Signature of Employee/Volunteer/Participant: _____ Date: _____

Signature of Parent if above named person is a minor: _____ Date: _____

Allergies, list all known

Describe reaction and management of the reaction.

Medication allergies

Food allergies

Other allergies - include insect stings, hay fever, asthma, animal dander...

Restrictions/Limitations -The following restrictions apply to this individual. (Attach additional restrictions or special situations if necessary.)

Dietary Restrictions: _____

Activity Restrictions: _____

Explanation: _____

Operations or serious injuries: _____

Chronic or recurring illness: _____

Disability: _____

Last Name

Restrictions/Limitations -The following restrictions apply to this individual. (Attach additional restrictions or special situations if necessary.)

Dietary Restrictions: _____

Activity Restrictions: _____

Explanation: _____

Operations or serious injuries: _____

Chronic or recurring illness: _____

Disability: _____

General Questions (Explain Yes answers below)	Yes	No		Yes	No
Has/does the participant:					
1. Had any recent injury, illness or infectious disease?	<input type="radio"/>	<input type="radio"/>	12. Any heart problems? (Chest pain, high blood pressure..)	<input type="radio"/>	<input type="radio"/>
2. Have a chronic or recurring illness/condition?	<input type="radio"/>	<input type="radio"/>	13. Ever had back, muscle or joint problems?	<input type="radio"/>	<input type="radio"/>
3. Ever been hospitalized?	<input type="radio"/>	<input type="radio"/>	15. Have any skin problems (rash, itching...)	<input type="radio"/>	<input type="radio"/>
4. Ever had surgery?	<input type="radio"/>	<input type="radio"/>	16. Have diabetes?	<input type="radio"/>	<input type="radio"/>
5. Have frequent headaches?	<input type="radio"/>	<input type="radio"/>	17. Have asthma?	<input type="radio"/>	<input type="radio"/>
6. Ever had a head injury?	<input type="radio"/>	<input type="radio"/>	18. Had mononucleosis in the past 12 months?	<input type="radio"/>	<input type="radio"/>
7. Ever been knocked unconscious?	<input type="radio"/>	<input type="radio"/>	19. Had problems with diarrhea/constipation?	<input type="radio"/>	<input type="radio"/>
8. Wear glasses, contacts or protective eye wear?	<input type="radio"/>	<input type="radio"/>	20. Have problems with sleepwalking?	<input type="radio"/>	<input type="radio"/>
9. Ever had frequent ear infections?	<input type="radio"/>	<input type="radio"/>	21. Has had any eating disorders?	<input type="radio"/>	<input type="radio"/>
10. Ever passed or been dizzy after exercise?	<input type="radio"/>	<input type="radio"/>	22. Ever had counseling for emotional/behavioral difficulties?	<input type="radio"/>	<input type="radio"/>
11. Ever had seizures?	<input type="radio"/>	<input type="radio"/>			

Please explain any "yes" answers, noting the number of the questions. _____

Mark immunizations the participant had

Measles German Measles Hepatitis A Hepatitis C Date of most recent Immunizations/Boosters: (mm/yy)
 Mumps Chicken Pox Hepatitis B DTP _____ MMR _____ Polio _____ Hep B _____

Notes: _____

A tetanus booster is recommended if it is not up to date.

List All Medications You Are Currently Taking

Medication	Dose	Purpose
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Notes -List any other medical, physical, mental conditions, limitations or problems that have not been disclosed in this form already.

I affirm to the best of my ability and present knowledge that the information on this health history form is complete and accurate.

Signature of Employee/Volunteer/Participant: _____ Date: _____

Signature of Parent if above named person is a minor: _____ Date: _____



MARMON VALLEY FARM

Equine Activity Waiver & Horse Rental Agreement

v04.20.12

7754 STATE ROUTE 292 S, ZANESFIELD, OH 43360

www.marmonvalley.com | info@marmonvalley.com

ph 937-593-8000 | fax 937-593-6900

Please carefully read the following liability waiver and rental agreement for horseback riding and/or horse related activity at Marmon Valley Farm, Inc. (herein called MVF), including all horse related activity conducted by Marmon Valley Ministries, Inc (herein called MVM) before signing. At Marmon Valley we consider safety to be a top priority, so that your riding experience will be a pleasant one.

I am over 18 years of age. I acknowledge that MVF and MVM are providing instruction and/or trail riding which I and/or my minor children as listed under "Registration of Riders" wish to participate. I recognize and acknowledge that my/their participation in such activities and any other activities which may include equine activities, involves the possibility of inherent risks including, but not limited to the following: The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; hazards, including, but not limited to, surface or subsurface conditions; a collision with another equine, another animal, a person, or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Saddle Girth Natural Loosening

I understand that saddle girths may loosen during a ride. If a rider notices this, he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

Risks to Unborn Children

Because of the inherent risks of riding horses to the safety of unborn children, MVF and MVM advises pregnant women not to ride horses.

Protective Head Gear¹

I have been fully informed by MVF and/or MVM that I can better protect myself against head injuries by wearing ASTM approved protective equestrian head gear while mounting, riding, dismounting and being around horses. Mark a "X" below in the "Rider Registration" table for each rider indicating the appropriate decision regarding the wearing of such equipment on the ride(s) in which you are contracting herein to participate.

MARMON VALLEY HELMET: Request to wear an ASTM Helmet provided by MVF	I request to wear ASTM approved protective equestrian head gear which MVM and MVM will provide, understanding that these may not be of perfect fit for my head, and once provided I will be responsible for properly securing the protective head gear on my head at all times.
MY HELMET: Wear your own Helmet	I will wear ASTM approved head gear which I, the undersigned, am providing and I will accept full responsibility for this decision. I am not relying on MVF and MVM to determine my head gear's quality or suitability.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby consent to our participation in the above described activities, and I (on behalf of myself and/or my children/legal ward(s) agree to waive any and all claims for personal injury or property damage of any kind which my children, I or my heirs, personal representatives and next of kin may have or which may arise against MVF and MVM Inc. as a result of my/their participation in such equine activities, whether or not such injuries or damages result from negligence or legal liability. On behalf of my children herein listed, myself, my heirs, personal representatives and next of kin, I hereby release and discharge Marmon Valley Farm Inc. and Marmon Valley Ministries, Inc., its successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from my/their participation in such equine activities.

One Waiver may be used for members of the same household (including parents or guardians and children under 18 years of age). Adult riders registered on this form must sign below indicating they have read and agree to the conditions of this activity waiver and rental agreement.

I, the following listed individual, and/or the parent or legal guardians thereof if a minor, do hereby agree to use or rent from MVF and MVM a horse, tack and equipment, personnel and trail for the purpose of trail/instructional riding on horseback. I hereby declare that the terms of this waiver and release have been completely read and understood and are voluntarily accepted for the purpose of my/my children's participation in the activities described herein.

Contact Information

Name: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Street Address: _____

City: _____ St: _____ Zip: _____ Phone: _____

PRINT RIDER NAME BELOW:	AGE If under 18	✓ if over 240 lbs.	SKILL ✓ if ridden more than 10 hours	SELECT HELMET ¹ CHOICE ✓		ADULT SIGNATURE REQUIRED: I have read and accept the terms of this rental agreement and liability waiver for myself and/or my children listed here. Each adult rider must sign for him/herself.
				MARMON VALLEY HELMET	MY HELMET	

CLIMBING WALL LIABILITY RELEASE

ACKNOWLEDGMENT OF RISKS ASSUMPTION OF RISK AND RESPONSIBILITY and RELEASE OF LIABILITY

WARNING: There are significant elements of risk in any adventure, sport or activity associated with a "climbing loft", climbing wall, bouldering area, and equipment (referred to herein as "activity"). Although we have taken reasonable steps to provide Marmon Valley Farm, Inc. and Marmon Valley Ministries, Inc. (referred to herein as MVF and MVM) with appropriate equipment and/or skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks.

REGISTRATION OF CLIMBERS: I, the following listed individual, and/or the parent or legal guardians thereof if a minor, do hereby agree to participate in the climbing activity provided by MVF and/or MVM. Completing a waiver does not guarantee that your camper will be climbing during camp. I have been fully informed by MVF or MVM that I can better protect myself against head and/or neck injuries by wearing a **UIAA approved helmet*** while climbing. I understand all campers will climb with a UIAA approved protective climbing helmet which MVF or MVM will provide. Once provided I will be responsible for securing the helmet on my head while climbing.

Parent/Legal Guardian's name: _____

Address is the same as Health History Form: YES NO

Address if different: _____

Print Climbers Name: _____

ACKNOWLEDGMENT OF RISKS: I acknowledge that the following describes some, but not all of the risks: 1 Falls and painful crashes into wall, rocks or other obstacles; 2) Risk associated with crossing, climbing, or down climbing including rope abrasion, entanglement, cuts or abrasions from contact with the Climbing Loft; 3) Equipment failure; including ropes, slings, harnesses, climbing hardware, anchor points or any part of the Climbing Loft structure; 4) My physical strength, coordination, sense of balance, and ability to follow or give directions including while climbing, belaying, lifting, or spotting; 5) Fatigue, chill and/or dizziness, which may diminish my/our reaction time and increase the risk of accident; and 6) The actions of other participants. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness (including death), and any related expenses. I also assume responsibility for damage to or loss of my/our personal property. I also assume risk for accidents or injury caused by the negligence of my belayer or spotter whether such negligence is comparative or contributory. I agree to be "checked out" on climbing and belaying skills prior to participation, and to follow posted rules. I acknowledge that wearing appropriate clothing and footwear are basic safety precautions, and that *wearing a UIAA approved helmet may help prevent head and/or neck injuries.*

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; insect bite or allergic reaction; shock, paralysis, and/or death.

COVENANT OF GOOD FAITH: I recognize that MVF or MVM, as provider of services, will operate under a covenant of good faith and fair dealing, but that MVF may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group; and/or refuse or terminate, the participation of any person MVF or MVM judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept MVF's right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to climbing objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become MVF's and MVM's property and may be used for promotional or commercial purposes.

RELEASE: In consideration of services provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release **MARMON VALLEY FARM, INC. and Marmon Valley Ministries, INC.,** its principals, directors, officers, agents, employees and volunteers, and each and every land owner upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I have read and understood the foregoing acknowledgment of risk, assumption of risk and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights.

Parent or Legal Guardian Signature _____

Date: _____