

THE CAMBRIDGE SCHOOL OF DALLAS
PERMISSION FORM

***Sections II and III MUST be filled out and SIGNED or students will not participate.**

Section I – Description of Project of Trip

On September 25-26, the whole school from The Cambridge School of Dallas will be attending the All School Retreat. Students will be driven by professional bus drivers. Students will leave campus at 8:00 on Monday, September 25 and return at 3:00 Tuesday, September 26.

Cost- \$0

Please return the completed permission form by: August 15, 2017

(Please keep a copy for your records)

Section II – PLEASE FILL OUT (required)

I grant _____ whose address is _____, permission to participate in the project and/or field trip described above. I understand that the activity will require travel off campus. I certify that we have adequate insurance to cover any injury or damage the participant may cause or suffer while participating, or else we agree to bear the costs of such injury ourselves. I further certify that we are willing to assume the risk of any medical or physical condition the participant may have.

In case of emergency, we can be reached at _____.
(Parent's phone number)

Signature of parent/guardian (Required) **Date** _____

Section III – PLEASE FILL OUT (required)

Name of Participant **does / does not** have medical needs.
(PLEASE CHOOSE ONE)

Medical needs may include: daily medications, inhalers, epipens, special skilled medical interventions, etc.

Please indicate the medical intervention or medication: _____

Please specify who has agreed to administer this skilled medical intervention or medication. _____
All medications/prescriptions shall be in the original containers with the name of the student and dosage.

Signature of parent/guardian (Required) **Date** _____

SKY RANCH PARTICIPANT AGREEMENT

Group Name (if applicable): _____

Participant's/Employee's Name: _____

Parent/Guardian Name (if Participant/Employee under age 18): _____ (For purpose of this Agreement, Participant/Employee and Parent/Guardian will be referred to collectively as "Participant.")

In consideration of the opportunity to participate in any activity at (please check one):

____ Sky Ranches Inc.(Texas) ____ Sky Ranch Cave Springs, or ____ Sky Ranch Ute Trail ____ Sky Ranch Horn Creek (hereinafter "Sky Ranch"), Participant acknowledges and agrees to the following:

1. **Acknowledgment and Assumption of Risks.** Participant understands that Sky Ranch's activities range from mild to strenuous and, like all outdoor recreation, they include inherent and other risks and dangers which can cause loss or damage to personal property, physical or psychological damage and injury such as sprains, breaks, cuts, bruises, emotional trauma, illnesses and the remote possibility of serious injury or death. Participant understands the activities and their risks. Participant acknowledges that Participant will be able to ask questions of Sky Ranch staff regarding risks or dangers associated with Sky Ranch's environment and activities. Participant's participation in any activity is voluntary and Participant may decline to participate in any activity. Participant acknowledges and assumes all risks of participation in a Sky Ranch activity, inherent and otherwise, and whether or not described above or in the materials provided by Sky Ranch.

2. **Activity Permission.** Participant understands and agrees that, in addition to traditional camping activities, Sky Ranch's activities include, but not limited to:

- Alpine activities
- Alpine swing
- Blob and inflatables
- Bowling
- Camp fire
- Camping in permanent or temporary structures
- Challenge and ropes courses
- Equine activities
- Gaga
- Hanging log
- Hiking and backpacking
- Jumping Pillow
- Mountain scooters
- Physical fitness exercise (weightlifting, track, treadmill, etc.)
- Play grounds and swings
- Recreational activities (ball games, floor scooters, horseshoes, team building, frisbee, etc.)
- River activities (white water rafting, kayaking, canoeing, etc.)
- Rock climbing and bouldering
- Slackling
- Sporting activities (bb guns, .22 rifles, shotguns, skeet, archery, hatchet throwing, etc.)
- Water activities (pool, lake, pond, swimming, slides, polo, basketball, etc.)
- Zipline

Sky Ranch may offer a challenge course (a series of cables and structures of varying heights, on and through which Participant will walk, swing and otherwise travel, relying on staff for support). Participant understands that by participating in these activities, Participant may be exposed to the elements of nature, including temperature extremes, inclement weather, insects, plants, animals and accidents or illness in a rural location without onsite medical facilities. Participant understands that Participant may be participating in strenuous activities that will have inherent and other risks or dangers associated with them. Participant understands that Participant may ask any questions of Sky Ranch staff to receive a full and complete understanding of any such risk or danger associated with any activity. Participant may decline to participate in any activity. Participant grants permission to participate in and be transported to all Sky Ranch activities unless specified in a written note to Sky Ranch. Participant agrees to follow all rules, guidelines, and equipment requirements for all activities as specified by Sky Ranch staff.

3. **Acknowledgement of Sky Ranch Purpose.** Participant acknowledges and understands that Sky Ranch is organized and operated exclusively for Christian purposes. We treat all guests with respect and dignity, regardless of their religion or beliefs and we request our guests respect our beliefs as stated in the Sky Ranch doctrinal statement while on Sky Ranch property or participating in Sky Ranch activities. Participants who engage in disrespectful or harmful behavior or who refuse to abide by the instructions provided by Sky Ranch staff, while on Sky Ranch property or participating in Sky Ranch activities are subject to removal from the property or program at Sky Ranch's discretion.

4. **AGREEMENTS OF RELEASE AND INDEMNITY.** FURTHER, IN CONSIDERATION OF THE RIGHT TO PARTICIPATE IN A SKY RANCH ACTIVITY, TO THE MAXIMUM EXTENT ALLOWED BY LAW, PARTICIPANT RELEASES, AND AGREES NOT TO BRING ANY CAUSE OF ACTION AGAINST SKY RANCH, ITS OWNERS, MANAGERS, EMPLOYEES, MEDICAL PERSONNEL, CONTRACTORS OR ANY RELATED PARTIES (THE "RELEASED PARTIES") FOR LIABILITY OR CLAIMS OF ANY NATURE, INCLUDING LOSS OR DAMAGE TO PROPERTY, PERSONAL INJURY OR DEATH, SUFFERED BY PARTICIPANT IN ANY WAY RELATED TO PARTICIPANT'S ENROLLMENT, PARTICIPATION IN, OR TRANSPORTATION RELATED TO A SKY RANCH ACTIVITY. IN ADDITION, PARTICIPANT AGREES TO INDEMNIFY THE RELEASED PARTIES (THAT IS DEFEND THEM, INCLUDING SATISFACTION OF LIABILITIES, COSTS AND ATTORNEY'S FEES) FROM CLAIMS

BROUGHT BY PARTICIPANT, MEMBERS OF PARTICIPANT'S FAMILY AND ANY OTHER PERSON ARISING OUT OF PARTICIPANT'S PARTICIPATION IN, OR TRANSPORTATION RELATED TO A SKY RANCH ACTIVITY. THE CLAIMS WHICH ARE THE SUBJECT OF THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE THOSE ARISING FROM THE NEGLIGENCE OF ANY RELEASED PARTIES. THE ACTIVITIES INTENDED TO BE COVERED BY THIS AGREEMENT OF RELEASE AND INDEMNITY INCLUDE ACTIVITIES ON OR OFF SKY RANCH PREMISES, INCLUDING TRANSPORTATION TO AND FROM SKY RANCH ACTIVITIES AND ON THE SKY RANCH GROUNDS OR ANY PREMISES UTILIZED BY SKY RANCH FOR ANY OF ITS ACTIVITIES.

5. **No Tobacco Products or Use of Alcohol, Marijuana, Fireworks, Firearms, or Illegal Drugs.** The use of tobacco products (smoking cigars, cigarettes, e-cigarettes, pipes, or smokeless tobacco) and using or having alcohol, marijuana, fireworks, firearms, or illegal drugs is strictly **prohibited** on camp and/or in camp facilities at all times.

6. **Injury/Illness.** Should Participant become ill or injured while participating in a Sky Ranch activity, parents/guardians will be notified if, at the sole discretion of Sky Ranch staff, such notification is necessary. Notification is usually reserved for emergency situations. Parent/Guardian may contact Sky Ranch if at any time a parent/guardian has a question or concern regarding the health status or safety of Participant.

7. **Medical Costs.** Participant understands that Participant and its health insurer are primarily responsible (i.e. "primary"), while the Sky Ranch policy is secondary for any required medical services that Sky Ranch's staff and facilities cannot accommodate. These services include (but are not limited to) prescriptions, x-rays, physical therapy, lab work, dental and orthodontia work and emergency room visits. Participant is also responsible for the cost of any emergency transportation by ambulance or air flight.

8. **Medical Release.** Participant understands that Sky Ranch is not obligated to provide on-site medical care or facilities. In the event that Sky Ranch does provide on-site medical care or facilities, Participant gives permission to the medical personnel selected by Sky Ranch to provide routine healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related transportation for Participant. In addition, Participant authorizes the release of all records, x-rays, notes and any other medical information related to Participant to Sky Ranch or its designee. In the event that Sky Ranch does not provide on-site medical care or facilities, it is the responsibility of the Group Sponsor to provide adequately trained medical personnel, adequate supplies as well as permission to treat Participants. In the event of an emergency, Participant gives permission to the medical personnel selected by Sky Ranch to provide routine healthcare, to administer medications, both over the counter and prescriptions, to order x-rays and routine tests, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for Participant if Group Sponsor cannot be located in the event of an emergency. Participant authorizes Sky Ranch or its designees to provide or arrange necessary related transportation for Participant. In addition, Participant authorizes the release of all records, x-rays, notes and any other medical information related to Participant to Sky Ranch or its designee. Guest Services can provide information regarding the availability of on-site medical care upon request. Please contact our office at guestservices@sky ranch.org or by calling 903-266-3300.

9. **Use of Personal Information/Images.** Participant gives Sky Ranch permission to make visual images (photographs, movies, videos) and audio recordings of Participant and to use such visual images and audio recordings on the Sky Ranch website, in printed or electronic materials, or in other audio or visual communications, and Participant releases Sky Ranch from any and all liability related thereto. Sky Ranch will keep any and all personal information regarding Participant confidential and will not disclose or utilize it for any purposes other than Sky Ranch's internal records and marketing purposes.

10. **Applicable Venue and Law.** Any lawsuit, litigation, or dispute of any nature arising out of this agreement or as a result of participant's participation in a sky ranch activity shall be brought in the courts of Smith County, Texas. Furthermore, the laws of the state of Texas shall govern and control any such lawsuit, litigation, or dispute between participant and sky ranch or any related or released party. Participant hereby consents to venue in Smith County, Texas and to the governing authority of Texas law for any lawsuit, litigation, or dispute of any nature arising out of this agreement or as a result of participant's participation in a Sky Ranch activity, regardless of where this agreement is executed or performed or where such sky ranch activity may occur.

I HAVE READ THE ABOVE POLICIES, CONSENTS, PERMISSIONS, ASSUMPTIONS OF RISK AND AGREEMENTS OF RELEASE AND INDEMNITY AND AGREE TO ABIDE BY THEM TO THE FULLEST EXTENT ALLOWED BY LAW.

Printed Name of Participant/Employee

Signature of Participant/Employee

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date