

**River Hill Ranch**  
**Ranch Camp Permission Form**



River Hill  
RANCH

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permission for Medical Treatment**

I understand that campers are supervised, but there are risks when playing in nature. If any injury occurs, I will be notified and medical care will be provided. I give permission for basic first aid to be provided by River Hill Ranch, LLC personnel and emergency treatment by responding medical personnel. If required, I give permission for my child to be transported by responding medical personnel to the nearest hospital emergency room. I understand that no pre-existing conditions are covered by River Hill Ranch's accident insurance policies.

Child's Physician & Clinic/Office Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission/ Liability Agreements**

I recognize there are certain inherent risks associated with agritourism activities and I assume full responsibility for personal injury to my child, \_\_\_\_\_, (child's name) and further release and discharge River Hill Ranch, LLC for injury, loss, or damage arising out of my or my family's presence upon the facilities of River Hill Ranch, LLC whether caused by myself, my family, River Hill Ranch, LLC, or third parties.

I agree to indemnify and defend River Hill Ranch, LLC against all claims, causes of action, damages, judgments, cost or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or our presence upon the facilities of River Hill Ranch, LLC.

Any legal or equitable claim that may arise from participation in the above shall be resolved under Kentucky law.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Ranch Camp Photo Release**

I grant River Hill Ranch permission to photograph/videotape me/my child for the possible use in brochures/ videos/websites/news articles, etc. promoting participation in the Ranch Camp program(s). I understand that talent fees will be neither sought nor given.

I give permission for my child's name/county to be included in publicity.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_