

HIDDEN PINES RANCH  
HEALTH CARE CONSENT, ASSUMPTION OF RISK AND  
RESPONSIBILITY, and RELEASE OF LIABILITY

There are significant elements of risk in any adventure, sport, activity or training associated with use of the various equipment, facilities and activities available at Hidden Pines Ranch including, without limitation, ropes course, aquatics facilities, horseback riding (if applicable), archery (if applicable) and other sports or recreational activities (collectively referred to herein as "Activity" or "Activities").

**ACKNOWLEDGMENT OF RISKS:** I recognize that there are inherent risks in the Activities. These risks may result in serious injury or death, and include but are not limited to: 1) Falls; 2) Heat related illnesses including heat exhaustion and heat stroke; 3) An "act of nature" which may include inclement weather, high winds, and severe heat/cold; 4) Equipment failure; 5) My sense of balance, physical coordination, and ability to follow instructions, and the actions of other participants. 6) Physical demands of, or falls sustained while climbing or riding. I also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of this activity; that personal property may be damaged or lost; that I may suffer accidents or illnesses; and that wearing appropriate clothing, footwear, and a safety helmet are basic precautions that are required for participation.

**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 expenses as a result of my negligence, the negligence of any minor children for which I am responsible or the negligence of Hidden Pines Camp, LLC, a Minnesota limited liability company and owner of Hidden Pines Ranch or any of its employees, agents, owners, affiliates (including Hidden Pines Estates, LLC) supervisors, contractors or other personnel (collectively, "Hidden Pines"). I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur. 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; head, neck, and/or spinal injuries; animal kicks, bites or attack, insect bite or allergic reaction; shock, paralysis, and/or death.

**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.

RELEASE: In consideration of services or property 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 Hidden Pines and any affiliated organizations or companies and their respective owners, principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted (collectively, the "Released Parties"), from all liability and waive any claim for damage arising from any cause whatsoever (including negligence of the Released Parties).

I hereby agree not to sue and agree to release the Released Parties from liability for any negligent act arising out of or connected with the attendance at or participation in the Activities.

I enter this release freely and of my own will. No one has forced me to enter this release. My attendance at or participation in the Activities is purely for my personal enjoyment and satisfaction. I also understand and agree that this release does not apply to any intentional, willful, or wanton acts on the part of any of the Released Parties. To the extent this release is deemed overbroad or unconscionable for any reason, it is my intent and understanding that this release will remain valid in all applications that are not deemed overbroad or unconscionable.

I intend the statements made herein to be perpetual, and I will be bound by them unless and until expressly rescinded by me in writing.

I HAVE READ BOTH PAGES, UNDERSTAND THE CONTENTS AND UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING SOME LEGAL RIGHTS. IN THE EVENT I AM UNABLE TO BE REACHED OR UNABLE TO MAKE DECISIONS, I AUTHORIZE THE STAFF OF THE PROGRAM TO SECURE PROPER MEDICAL TREATMENT FOR MYSELF OR MY CHILD.

Participant's Name \_\_\_\_\_ Participant's  
Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian  
Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone  
Number \_\_\_\_\_

Emergency

Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Please list any known allergies:

Please list any medications the participant is currently taking: none

Do you know of, or have you been advised of, any medical condition that you have that would prevent you from safely participating in the pre-mentioned activities?

YES / NO If yes, please describe: \_\_\_\_\_