

# Mc DONALD RANCH

A UNIVERSITY FOR CHILDREN - A SANCTUARY FOR ANIMALS

8870 St Helena Rd Santa Rosa, California 95404

Phone: (707) 537-0955 E-Mail: mcdonaldrnch@aol.com Web Site: www.mcdonaldranch.org

**PLEASE ATTACH A RECENT PICTURE OF YOUR CHILD FOR SUMMER CAMPERS**

## APPLICATION FOR YOUTH PARTICIPANT

APPLICANT'S FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PAGER NO: \_\_\_\_\_ HOME FAX: \_\_\_\_\_

APPLICANT'S E-MAIL ADDRESS: \_\_\_\_\_ APPLICANT'S CELL PHONE: \_\_\_\_\_ APPLICANT'S DOB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ TIME DISMISSED: \_\_\_\_\_

## PARENTAL INFORMATION

FIRST PARENT'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ PAGER NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE NO: \_\_\_\_\_ POSITION: \_\_\_\_\_

SECOND PARENT'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ PAGER NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE NO: \_\_\_\_\_ POSITION: \_\_\_\_\_

## EMERGENCY INFORMATION

NAME OF ALTERNATIVE EMERGENCY CONTACT: \_\_\_\_\_

(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_

WHO IS MAIN CONTACT PERSON IF A PROBLEM SHOULD ARISE?: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOES APPLICANT HAVE ANY MEDICAL, PHYSICAL OR SOCIAL BEHAVIORAL CONCERNS INCLUDING ALLERGIES? \_\_\_\_\_

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

IS YOUTH ON MEDICATION OF ANY KIND? \_\_\_\_\_

**HAS APPLICANT EVER BEEN STUNG BY A BEE?** \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_ **Policy No:** \_\_\_\_\_ **Group No:** \_\_\_\_\_

In case of accident, I authorize the securing of medical treatment for: \_\_\_\_\_.

**Parent's signature** authorizing treatment: \_\_\_\_\_ **Date:** \_\_\_\_\_

Will youth be driving a car to McDonald Ranch? \_\_\_\_\_ Do you give your child permission to leave McDonald Ranch property during designated hours in his/her care? Explain: \_\_\_\_\_

List the names, addresses and telephone numbers of each adult, including yourself who may pick up participant from McDonald Ranch:

\_\_\_\_\_  
\_\_\_\_\_

If no one is listed above, then McDonald Ranch may release said child(ren) to any adult at the child(ren)'s address or who the child(ren) knows(s). If anyone is not allowed to pick up your child(ren) or is restricted from seeing the child(ren), then a copy of the court order and proof of service is attached.

**DATE:** \_\_\_\_\_ **PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**PARTICIPATING YOUTH'S STATEMENT:**  
 Please tell us about yourself (and why you would like to be part of our organization):

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What is your availability of time for volunteering? \_\_\_\_\_

Please rate your areas of interest/expertise on a scale of 1 to 10 with 1 being the area of your least interest and/or experience and 10 your highest area of interest. I – Interest, E = Experience.

Horses	I ____	E ____	Dogs	I ____	E ____	Sports	I ____	E ____
Goats	I ____	E ____	Dog Training	I ____	E ____	Swimming	I ____	E ____
Sheep	I ____	E ____	Cats	I ____	E ____	Archery	I ____	E ____
Rabbits	I ____	E ____	Cooking	I ____	E ____	Go-Karts	I ____	E ____
Poultry	I ____	E ____	Art	I ____	E ____	Carpentry	I ____	E ____

**Note to Parents:** As a non-profit organization, we appreciate your voluntary assistance to help our organization offer more to the youth who participate at McDonald Ranch. Would you rate your areas of skill and expertise below and note if you would be willing to volunteer any and what services to the Ranch either occasionally, on-going basis.

Grant Writing	I ____	E ____	Education	I ____	E ____	Art	I ____	E ____
Bookkeeping	I ____	E ____	Accounting	I ____	E ____	Clerical	I ____	E ____
Promotion/fund raising	I ____	E ____	Public Relations	I ____	E ____	Legal	I ____	E ____
Landscaping	I ____	E ____	Mechanics	I ____	E ____	Cooking	I ____	E ____
Gardening	I ____	E ____	Management	I ____	E ____	Children	I ____	E ____
Errands/transportation	I ____	E ____	Carpentry	I ____	E ____	Plumbing	I ____	E ____
Vet or assistant	I ____	E ____	Electrical	I ____	E ____	Computer	I ____	E ____

Would you be willing to volunteer any of the above services either on a one time basis, as needed or on a scheduled routine basis? **Yes** No May we call you? **Yes** **No**

Children are able to take hikes around the ranch to get from one activity to another. However, we also offer transportation around the ranch on an ATV (quad). The ATV is not allowed to be driven faster than 2<sup>nd</sup> gear when passengers are on board, all riders are required to follow strict safety rules and wear helmets (generally equestrian helmets are worn). Drivers carrying passengers have at least 2 years of full-time participation on the ranch, have attained the age of at least 12 years old, have at least a full year of experience driving the ATV on their own, have completed our ATV training course, and have demonstrated exceptional levels of maturity, responsibility, judgement, integrity and ability during all activities at McDonald Ranch. There is a manufacture's warning on the ATV stating it should not be driven by those under the age of 16 and passengers should not be carried. Thus, a separate signature is required below to indicate your understanding of the non-compliance with the manufacturer's recommended warning and granting your permission for your child to ride on the ATV with drivers as stated above.

I have read the above paragraph. My child(ren), \_\_\_\_\_, do(es) have my permission to ride on the ATV with drivers who have fulfilled McDonald Ranch's requirements as outlined above.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**PLEASE CIRCLE SESSION OF ENROLLMENT:** Winter Spring Fall Summer Week(s): \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**TYPE OF MEMBERSHIP:** \_\_\_\_\_

**TRANSPORTATION ARRANGEMENTS:** \_\_\_\_\_

<p><b>For Office Use:</b> Check No: _____ Amount: _____ Date: _____ Purpose: _____</p> <p>McD RR ____ RRR ____ RRHH ____ Rev1/15/09</p>
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# McDONALD RANCH, Inc.

8870 ST HELENA RD., SANTA ROSA, CA 95404

## Release of Liability and Covenant Not to Sue

I, \_\_\_\_\_, do hereby agree to the terms and conditions set forth below with respect to my own and/or my child's involvement in any activities participated in at the location mentioned above:

**Release and Covenant Not to Sue:** I, \_\_\_\_\_ do hereby agree to and accept the following terms and conditions. I understand that this Release of Liability and Covenant Not To Sue (this "Release of Liability") relates to my child's participation or my participation in any activity(ies) whatsoever held at the McDonald Ranch, Santa Rosa, California.

I hereby release, remise and forever discharge and agree to hold harmless and indemnify **McDonald Ranch, Inc. or its Board of Directors or Linda McDonald, or Richard Crenshaw the owner of the real property upon which McDonald Ranch, Inc.** is located, the employees and agents of all of them (hereinafter "Released Party") with respect to my child's involvement or my involvement in any activity(ies) which I or my child participate, from any claim, liability or expense, of any kind or nature (and whether accruing to me, my heirs or my personal representatives), that are caused or alleged to be caused in whole or in part by the action, negligence or failure of any Released Party.

I understand that the intent of this release is for the scope of the terms and conditions to apply broadly so as to protect to the fullest extent **McDonald Ranch, Inc., its Board of Directors or Linda McDonald or Richard Crenshaw.** In exchange for and in consideration of the Released Party's consent to my or my child's participation in any activity(ies) held on the Released Party's property, I waive all right, interest or claim that I may have or my child may have for any liability or expense, of any kind or nature (and whether accruing to me, my heirs or my personal representatives), that are caused or alleged to be caused in whole or in part by the action, negligence or failure of any Released Party.

I hereby covenant not to sue any Released Party for, or on account of, any claim, liability or expense, of any kind or nature, caused or alleged to be caused in whole or in part by the action, negligence or failure to act of any Released Party. I expressly waive any rights I may have under California Civil Code section 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor". I agree that I will defend, indemnify and hold harmless the Released Party, its officers, directors, employees, and agents against all claims, demands, and causes of action, including court costs and actual attorney fees, arising from any proceeding or lawsuit brought by or prosecuted for my benefit, in which this Release is upheld.

This Agreement shall be construed and enforced pursuant to the laws of the State of California. Should legal action be instituted to enforce this release, jurisdiction shall be in Sonoma County, California. Further, I agree not to file any non-judicial complaint against the Released Party with any regulatory agency whatsoever. The term "regulatory agency" shall be construed broadly.

**I HAVE READ AND HAVE UNDERSTOOD THIS RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS RELEASE OF LIABILITY I HAVE GIVEN UP SUBSTANTIAL RIGHTS. I UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT I HAVE VOLUNTARILY SIGNED THIS RELEASE OF LIABILITY AND COVENANT NOT TO SUE, AND THAT MY SIGNATURE IS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant or Participant's Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant or Participant's Legal Guardian

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## Equestrian Participant Questionnaire

**Please answer the following questions:**

1. Applicant's Name: \_\_\_\_\_

2. How long have you been riding \_\_\_\_\_ How long have you ridden under instruction? \_\_\_\_\_

3. Please describe your own riding experience (showing, Pony Club, etc.)

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4. Have you ever worked at an equestrian camp before? Explain and list name of camp dates, person to contract and phone number.

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5. Have you been in leadership roles with younger youth other than equine camp? (Scouts, 4-H, other camps, etc) If so, please explain and list name of camp(s), dates, and person to contact and phone number

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6. Please explain your goals for this project. What would you like to gain from volunteering at McDonald Ranch?

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7. Please list your special qualifications/certifications (CPR/First Aid/Lifeguard/etc)

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8. Reference: Please list names, addresses and phone numbers of 3 persons(no family members) ie: riding instructor/coach, professor/teacher, and other

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_