

**Acres of Opportunity Ranch
4338 N 109th St,
Lafayette, CO 80026**

Welcome to Acres of Opportunity Ranch!

Dear New Participant,

I am pleased to welcome you into the Acres of Opportunity community. Enclosed are a few documents you will need to fill out and return to Corinne prior to or on your first day at the ranch. Included you will find:

1. Welcome Letter
2. Medical Release Form
4. Liability Release Form
5. Weather and Cancellation Policy
6. Barn Rules

A few things to remember on your first day at the ranch:

1. Always wear closed-toed, sturdy shoes around the animals.
2. Feel free to bring a water bottle with you.
3. Sunscreen and/or hats are recommended during the sunnier months.
4. Bring extra layers with you, as Colorado weather can be unpredictable.
5. If you are intending to ride, please wear long pants to protect your legs.

If you have any other questions regarding any of the information in this packet, please do not hesitate to contact Corinne for clarification.

Corinne Schindler
720.232.6421
acresofoppinfo@gmail.com
www.acresofopportunityranch.com

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Date _____

Participant's name _____

In case of emergency, contact:

1) Name _____ Relationship _____

Phone _____

2) Name _____ Relationship _____

Phone _____

Please sign ONE of the following two options:

1) Consent Option

In the event emergency medical aid/treatment is required due to illness or injury while participating in an Acres of Opportunity Ranch (AOR) program or while on the property of AOR, I authorize AOR to secure and retain medical treatment and transportation if needed. This authorization includes, but is not limited to x-ray, surgery, hospitalization, medication and any treatment deemed "life-saving" by the physician. This provision will be invoked only if the emergency contact person(s) listed above is/are unable to be reached. The financial charges will be

paid by the ill/injured party.

Physician's name _____ Phone number _____

Preferred medical facility _____

Health insurance company _____ Policy # _____

Signature of participant or parent/guardian if participant is under age 18

2) Non-Consent Option

I do not give my consent for emergency medical treatment in the case of illness or injury while participating in an AOR program or while on the property of AOR. _____

Signature of participant or parent/guardian if participant is under age 18

Liability Release Form

Name: _____ Date of Birth: _____

Address:

Street _____

City _____ State _____ Zip _____

Phone Number: _____ email: _____

In case of emergency, contact: _____

Emergency phone #: _____

Acres of Opportunity Ranch (AOR) seeks and strives for safety at all times. However, I understand that there are certain risks inherent in equine related activities. I acknowledge that all activities involving horses (including but not limited to: horseback riding, handling, leading, groundwork, and other contact) involve this degree of risk.

Under Colorado law, an equine professional is not liable for any injury or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119, Colorado Revised Statutes. In consideration of the services of Acres of Opportunity Ranch, their agents, owners, officers, volunteers, participants and all other persons or entities acting in any capacity on their behalf (herein collectively referred to as AOR), I agree to waive and release forever all claims for damages against AOR for any and all injuries and/or losses that could be sustained while participating in AOR's program. I further understand that I am not covered under AOR's insurance policy.

I will be participating with AOR in the following capacity:

Sponsor _____ Volunteer _____ Lesson _____ Participant _____

Other (please specify): _____

Agency or referral therapist: _____

Phone: _____

I have read, understand, and agree to the above release.

Signature: _____ Date: _____

Signature of parent/guardian:

(if participant is under 18) _____

Weather and Cancellation Policy

Classes and sessions may be canceled for the following weather conditions:

1. Lightning
2. Thunder
3. Hail
4. Heavy snow or rain
5. Extreme temperatures – below 20° or above 100°
6. Extremely high winds

If class is canceled due to weather, a make-up class will be scheduled.

If class is being held as scheduled and the participant chooses not to attend, the participant is unable to use the make-up class date. If participant chooses not to attend the make-up class, they will not be credited for that session.

Barn Rules

****The following rules are enforced to protect the safety, privacy and health of all animals at people associated with AOR****

1. NO SMOKING on the premises. Smoking is only allowed inside personal vehicles and all ashes and trash need to be disposed of inside your vehicle.
2. Guests are welcome during appropriate sessions and are asked to follow all barn rules.
3. Clients are welcomed on the property during session times, but are required to get verbal permission from Corinne if they want to visit the barn outside of scheduled session times.
4. Please DO NOT, or do not allow children to climb on the fencing, buildings, equipment, and structures.
5. Please DO NOT feed the animals unless an AOR representative has given you permission to do so. Permission will be given on a case-by-case basis.
6. Please DO NOT enter any corrals, stalls, pens, or areas where animals are housed unless given permission and/or accompanied by an AOR representative. Permission to do so will be given on a case-by-case basis.
7. All people who wish to be involved with a session or be inside an animal enclosure must sign a Liability Release Form, regardless of how much interaction they have with an animal.
8. Siblings and other guests under the age of 18 who are not scheduled participants are NOT permitted to be dropped off or "hang out" during a session without supervision from another adult.