



## Iron Horse Country Ranch LLC Medical Release 2026

Parent's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Childs (1) Name : \_\_\_\_\_

Childs (2) Name : \_\_\_\_\_

Childs (3) Name : \_\_\_\_\_

Childs (4) Name : \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Email : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Phone Number: \_\_\_\_\_

In the event of an emergency or non-emergency situation requiring medical treatment,

I, \_\_\_\_\_, hereby grant permission for any and all medical and/or dental attention to be administered to me or my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. By signing this form parents agree that all information is correct and true. Parents assume all risk of injury to themselves or child/children and acknowledge that Iron Horse Country Ranch LLC does not provide medical insurance. Parents are responsible for themselves and child's medical costs.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_