



Day on the Farm Participant June 22, 2019

Day on the Farm is hosted by Society for disABILITIES and Jim & Patti Sanchez at Sanchez Farms. Day on the Farm will introduce participants to activities typically seen on a working farm. Activities will include Horseback Riding, Petting Zoo, Crafts, Hay rides & more. There will be a BBQ lunch at the end of the day.

Day on the Farm is for children and kids at heart with diverse abilities. Each participant must be accompanied by a parent/guardian or designated chaperone. The program will not include extremely physical activities, however we encourage you to speak with your physician and ask about any physical limitations; such as horseback riding. In addition, participants do not have to participate in all activities. This is a day for them to enjoy!

The day will begin at 10:00AM and will conclude after lunch around 1:00PM. Parent/Guardian must be present with their child for the entire time their child is at Day on the Farm. In most cases, we will have volunteers assigned to each participant. He or she will accompany the participant as a "Buddy" in addition to the parent or guardian throughout the day. Experienced horse handlers will be leading the horses during the horseback riding. All of our volunteers have been carefully screened and have passed a background clearance.

Day on the Farm format: Our Day on the Farm will be held on **Saturday, June 22, 2019 from 10:00AM–1:00PM**. Participants will have the opportunity to ride a horse, make a craft to take home, participate in a petting zoo and enjoy a hayride. The day wraps up with a BBQ lunch.

What to wear and/or bring:

Comfortable shoes preferably boots, long pants and long socks – **no sandals or open toed shoes are allowed.** A horse riding helmet will be provided.

Lunch:

Lunch is included in the registration. We require at least one parent or guardian to attend with the participant. We will do our best to have a volunteer "Buddy" for each participant who registers on time and arrives on time. We may not be able to provide one if you register or arrive late.

Day on the Farm Location:

Jim & Patti Sanchez Ranch
8700 Woodward Lake Dr.
Oakdale, CA 95361

Please keep this sheet for your future reference

Please return this completed and signed form to Society for disABILITIES, 1129 8th Street Ste. 101, Modesto, CA 95354

For more information or questions, please contact Channa

Phone: (209) 524-3536 Fax: (209) 524-1205 channa@societyfordisabilities.org



2019 Day on the Farm Participant

Participant Name: _____

Please Provide Disability: _____

Gender: M F Age: _____ (**Minimum age 4**) DOB: _____ Verbal Non Verbal

T-Shirt Size

Youth: SM MED LG

Adult: SM MED LG Other: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: (H): _____ (W): _____ (C): _____

Email (**REQUIRED**): _____

How did you find out about **Day on the Farm**? _____

Have you participated in other Society for disABILITIES programs? Yes No If yes, which one(s)?

Who will be attending Day on the Farm with the participant (please include relationship to participant)?

Please list medications, health conditions, allergies, dietary restrictions and any special instructions regarding your child:

What do we need to know in order to safely and successfully work with your child in an activity setting?
Are there any activity limitations? Please be specific.

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Emergency Contact Information

Participant Name: _____

Parent/Guardian Name(s): _____

Please Note: Parent or Guardian must be present and available during Day on the Farm in case of emergency

Phone: _____ Relationship: _____

Parent Signature: _____ Date: _____

Any other instructions or information you think is important for us to know?

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Participant Photo Release Waiver and Release of Liability

I request that my child be allowed to participate in ***Day on the Farm***, and agree to the following:

1. I acknowledge and fully understand that my child, as a minor participant, will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks in the sport of horseback riding and interacting with farm animals, including without limitation: risks of collision with objects and or, falling from a horse. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Myself and my family release, waive, discharge and promise not to sue Society for disABILITIES, it's volunteer instructors and director, its staff, executive director, board of directors, property owners, volunteers, or other participants of *Day on the Farm* for any personal injury, property damage, or other damages that may arise from my participation in the *Day on the Farm*, regardless of whether such injury or damage is caused by negligence or carelessness of the *Day on the Farm* event.
4. I agree that photographs and videos and/or my name, my child's name may be published in, or used by Society for disABILITIES and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, advertising, social media, etc.) without any liability on the part of Society for disABILITIES.
5. I have talked to my physician, who has acknowledged, that my child is physically capable to engage in the sport of horseback riding. I have given an accurate description of my child's disability and medical needs on the *Day on the Farm* participant application.
6. I agree that the staff and volunteers of the *Day on the Farm* and Society for disABILITIES may authorize emergency medical treatment for me, or for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteers the right to determine the appropriate medical facility/provider in the absence of a parent or caregiver. I agree to be personally responsible for any related medical expenses.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Participant Name: _____
(PLEASE PRINT CLEARLY)

Participant Signature: _____ Date: _____

Parent/Guardian Name: _____
(PLEASE PRINT CLEARLY)

Parent Signature: _____ Date: _____

***PARENT SIGNATURE REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE OR IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT.**

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