



**Iron Horse Country Ranch LLC
Summer Camp 2009
Medical Release**

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 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 their child and acknowledge that Iron Horse Country Ranch LLC does not provide medical insurance. Parents are responsible for their child's medical costs.

Parent's Signature _____

Date _____