



2019 SUMMER CAMP RATES & INFORMATION

SUMMER HOURS: Monday - Friday, 8:00 am - 5:30 pm

SUMMER CAMP HOURS & RATES

HALF DAY - 8:00 am - 11:30 am

\$38 per day

8:00 am - 9:00 am - free play

9:00 am - 11:30 am - camp curriculum

ALL DAY - 8:00 am - 5:30 pm

\$83 per day (1-20 days)

\$78 per day (21+ days)

8:00 am - 9:00 am - free play

9:00 am - 3:30 pm - camp curriculum or field trip

3:30 pm - 5:30 pm - games, activities and free play

5% OFF
21+ DAYS
FOR 2nd
CHILD

ACTIVITIES INCLUDED WITH TUITION

MONDAY

Music - older children

TUESDAY

Swim Lessons at Kamas Pool - older children

WEDNESDAY

Afternoon Water Play - all children

Field Trips - younger children

THURSDAY

Field Trips - older children

Music - younger children

FRIDAY

Open Swim - all children

AGES

OLDER CHILDREN

4¹/₄ - 8 years old (must be 4 years old by Feb 28, 2019)

YOUNGER CHILDREN

3 - 4¹/₄ year olds

PARENTS: Older children enrolled in the All Day camp on T/Th will attend field trips and ALL children enrolled on Fridays will attend open swim. PEEK will create on-site activities and/or age appropriate field trips for the younger children.

WHAT TO PACK

HALF DAY:

M/T/W/TH - sunscreen applied, comfortable play clothes and walking shoes (no flip flops), optional hat and sunglasses

F - same as other days, however have child come in swimsuit with towel and goggles

ALL DAY:

M/T/TH - sunscreen applied, lunch, snack, water bottle, comfortable play clothes, walking shoes (no flip flops), small blanket and comfort toy, optional hat and sunglasses

W/F - sunscreen applied, lunch, snack, water bottle, water shoes (no flip flops), dressed in swim suit, towel, small blanket and comfort toy, optional hat and sunglasses

COMPLETE THE FOLLOWING FORMS

CURRENT STUDENT:

- Summer Camp Registration
- Summer Camp Authorization
- Field Trip Permission
- SSA&FC Waiver
- Equine & Livestock Waiver

NEW CAMPER:

- Summer Camp Registration
- Summer Camp Authorization
- Emergency Information
- Child Health Assessment
- Immunization Record prior to first day of camp
- Release of Liability
- Field Trip Permission
- SSA&FC Waiver
- Equine & Livestock Waiver



**FREE
FIELD TRIPS**

TUES & THURS
(Older Children)

*WEDNESDAY
(Younger Children)

FRIDAY
(All Children)

2019 SUMMER CAMP

2019 CAMP THEMES	DESCRIPTIONS	
WEEK 1 SUPER FRIENDS June 17-21	Want to become a new kind of SUPER HERO? Become a super friend! What is a bucket filler and what can you do to fill someone's bucket? Come and join us as we discover the many different ways to talk to, play with and treat our friends. Let's learn together through song, art and team building games and activities.	Super Hero Visits PEEK Pinebrook Park Trailside Park Open Swim at Kamas Pool
WEEK 2 ON THE FARM June 24-28	Old McDonald had a farm P-E-E-K-O. Let's get back to the barn. We'll spend our week learning about the animals that live on farms. We may even have a few fun egg games and butter making activities on the agenda.	Rasmussen Ranch Wheeler Historic Farm Open Swim at Kamas Pool * Rasmussen Ranch
WEEK 3 JURASSIC PARK July 1-3 (Closed July 4-5)	Where do we begin? This is one Jurassic tale that children always seem to enjoy sharing and learning about. While on campus we'll use our imaginations and transform our sandbox into a paleontology dig site. We'll spend our week researching, uncovering and discerning the many varieties of dinosaurs and their characteristics.	Swim Lessons at Kamas Pool
WEEK 4 JURASSIC PARK II July 8-12	We're continuing our Jurassic Park Week. Please look above for this week's description. Q: What do you call a dinosaur that never quits? A: Try-Try-Try-ceratops	Swim Lessons at Kamas Pool Natural History Museum Sugar House Park Open Swim at Kamas Pool * Ecker Hill Park
WEEK 5 DISCOVER SCIENCE July 15-19	We may not be as famous as Bill Nye the Science Guy however we'll be just as creative and curious as we try our hand at science. The possibilities are endless when it comes to science: colored goo, floating eggs, water and oil, volcanos, gravity and more.	Swim Lessons at Kamas Pool This Is The Place Open Swim at Kamas Pool
WEEK 6 DISCOVER SCIENCE II July 22-23 (Closed July 24-26)	We're continuing our Discover Science Week. Please look above for this weeks description. "Equipped with his five senses, man explores the universe around him and calls the adventure science." - Edwin Powell Hubble	Kim's Cold Blooded Creatures
WEEK 7 WET & WILD July 29-August 2	As the summer gets hotter we'll plan a Wet & Wild week where we play in the sprinkler, the water bounce house and cool off at Deer Creek Reservoir. We'll also, possibly, find a few water balloons and hoses to add even a little more excitement. While at Deer Creek Reservoir we'll pile up rocks, play in the dirt and enjoy the weather.	Swim Lessons at Kamas Pool Deer Creek Reservoir Open Swim at Kamas Pool * Fire Station #35
WEEK 8 PETE THE CAT August 5-8 (Closed August 9)	Have you met PETE THE CAT? He's quite the character. We'll enjoy the many stories of PETE and his adventures that will take us to the beach, out to play ball, singing and moving to music and maybe even finding a button or two. The adventures are endless along with our imaginations as we say good-bye to summer and hello to school.	Memorial Hill Park Wasatch State Park Matt Knoop Park



2019 SUMMER CAMP REGISTRATION

Child's Name _____ Child's Birthday ___/___/___ Age as of 6/1/19 ___yrs ___ mo
 Mom's Name _____ Dad's Name _____
 Mom's Cell (_____) _____ Dad's Cell (_____) _____

2017 CAMP THEMES	PLEASE CIRCLE		CIRCLE DAYS				
WEEK 1 June 17-21 SUPER FRIENDS	All	Half	17	18	19	20	21
WEEK 2 June 24-28 ON THE FARM	All	Half	24	25	26	27	28
WEEK 3 July 1-3 (Closed July 4-5) JURASSIC PARK	All	Half	1	2	3	-	-
WEEK 4 July 8-12 JURASSIC PARK II	All	Half	8	9	10	11	12
WEEK 5 July 15-19 DISCOVER SCIENCE	All	Half	15	16	17	18	19
WEEK 6 July 22-23 (Closed July 24-26) DISCOVER SCIENCE II	All	Half	22	23	-	-	-
WEEK 7 July 29-August 2 WET & WILD	All	Half	29	30	31	1	2
WEEK 8 August 5-8 (Closed Aug 9) PETE THE CAT	All	Half	5	6	7	8	-

August 9-16 - PEEK Closed
 August 15 - PEEK Back to School
 August 20 - PEEK First Day of School

PRICING:

SUMMER CAMP FEE

ALL DAY

1-20 days \$83/day x _____ days = \$ _____

21+ days \$78/day x _____ days = \$ _____

HALF DAY

\$38/day x _____ days = \$ _____

SUBTOTAL = \$ _____

FEES, OTHER & GRAND TOTAL

1st Child Total = \$ _____

2nd Child Total = \$ _____ (5% discount for 21+ days)

Registration Fee = \$ 35.00

FREE Camp T-Shirt = XS S M (please circle size)

GRAND TOTAL = \$ _____



2019 SUMMER CAMP AUTHORIZATION

PLEASE READ AND SIGN BELOW:

- **AVAILABILITY:** Space is limited so please return this form as soon as possible. We will contact you promptly with any scheduling conflicts.
- **PAYMENT:** Summer Camp Tuition Payments are made as follows to secure your child(ren)'s summer camp space(s). **NEW FAMILIES** will attach the FULL registration fee via check with your Registration Packet; **CURRENT FAMILIES** must also attach a check however deposits can be held until June 1st if requested as a courtesy. **Payment Option:** a split payment plan may be authorized, after speaking with the PEEK Office, for those families signing up for 21+ ALL days. As of June, 2019 The PEEK Program will only be accepting cash or check when making tuition payments. ACH Payments will no longer be accepted.
- **REFUNDS/CANCELLATIONS:** There will be NO REFUNDS. Changes and/or cancellations made with a two week's notice may be given PEEK credit to use toward other camp days prior to the end of summer camp, if space is available.
- **LATE FEES:** All campers MUST be picked up by 5:30 pm. If you are late picking your child up you will be charged a \$1 per minute for the first four minutes then \$5 per minute thereafter...until your child is picked up.
- **BEHAVIOR:** Being a safe environment, PEEK needs everyone to support the following: I understand my child, while at PEEK, on field trips or at swimming, will be expected to practice good manners, show respect, use appropriate language and age appropriate judgment with help and guidance from the PEEK Teaching Team. If at any time the PEEK Teaching Team is not able to redirect my child then I will be contacted with the understanding that I may need to promptly pick up my child. Children who hit, kick, spit or bite will be asked to leave for the day. If a second situation arises that child will be asked to leave our summer camp program.
- **FIELD TRIP AGE:** I understand that if my child turns 4 after February 28, 2019 then he/she will participate in the YOUNGER Summer Camp program. I also understand PEEK holds the final decision when determining if my child will attend a field trip and I also understand that PEEK will communicate their decision to me. The decision may be based upon age, ability, peers and/or scheduling allowing the child a positive off-campus experience. Children under 3 years of age may be considered if they are able to participate in developmentally and age appropriate activities during summer camps and are toilet trained.
- I have read, and signed, the appropriate - OLDER KIDS or YOUNGER CHILDREN - Field Trip Permission form.

Child(ren)'s Name(s) _____

Customer Name (please print) _____

Customer Signature _____ Date _____

THIS FORM MUST ACCOMPANY CAMP REGISTRATION, EMERGENCY INFORMATION, CHILD HEALTH ASSESSMENT, RELEASE OF LIABILITY, FIELD TRIP PERMISSION, IMMUNIZATION RECORD AND PAYMENT.



EMERGENCY INFORMATION

<p>CHILD #1</p> <p>Child's Name _____</p> <p>Child's Birthday ____/____/____ Male or Female</p>	<p>CHILD #2</p> <p>Child's Name _____</p> <p>Child's Birthday ____/____/____ Male or Female</p>
<p>Mom's Name _____</p> <p>Mom's Work (_____) _____</p> <p>Mom's Cell (_____) _____</p> <p>Mom's E-mail _____</p> <p>Mailing Address _____</p> <p>Physical Address _____</p>	<p>Dad's Name _____</p> <p>Dad's Work (_____) _____</p> <p>Dad's Cell (_____) _____</p> <p>Dad's E-mail _____</p>
<p>Child(ren)'s Parents are: Married ____ Divorced living with _____ Other _____</p>	

PLEASE CIRCLE ONE:

Yes No PEEK may use this information or pictures in our School Directory, Newsletter and/or marketing?

EMERGENCY CONTACTS

- _____ CHECK if parents are the ONLY authorized pick-up person.
- _____ CHECK if parents are the ONLY emergency contact.

In case we are not available, PEEK may contact the following people to pick-up my child(ren):

NAME	ADDRESS	PHONE	RELATIONSHIP TO CHILD

PLEASE list one out-of-state contact:

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize The PEEK Program to obtain emergency medical care and/or provide emergency medical transportation for my child.

Parent Signature _____ Date _____



CHILD HEALTH ASSESSMENT

Child's Name _____ Child's Birthday ____/____/____

PLEASE CIRCLE ALL THAT APPLY:

Does your child have any known allergies or sensitivities to medications, foods, other? If yes please list below.

Yes No

Does your child have any of the following illnesses or medical conditions:

Asthma	Yes	No	Visual Impairment	Yes	No
Diabetes	Yes	No	Developmental Delays	Yes	No
Seizures	Yes	No	Physical Impairment	Yes	No
Heart Problems	Yes	No	Behavioral or Emotional Problems	Yes	No
Hearing Impairment	Yes	No	Other: _____		

List any additional health information, behaviors or special instructions you feel we need to be aware of in order to care for your child properly:

List any medications your child takes on a regular basis:

Yes No May PEEK post this information, as needed, in the school?

Name of Child's Medical Provider:

Parent Signature _____ Date _____

THIS FORM MUST BE COMPLETED FOR EACH CHILD ENROLLED, AND MUST BE REVIEWED ANNUALLY BY THE PARENT/GUARDIAN, AND ANY CHANGES NOTED. PLEASE PROVIDE YOUR CHILD'S IMMUNIZATION RECORD PRIOR TO HIS/HER FIRST DAY.



RELEASE OF LIABILITY (Creekside Kids; dba: The PEEK Program)

Name of Child(ren): _____

THIS IS A LEGAL DOCUMENT.

PLEASE READ IT CAREFULLY BEFORE SIGNING.

I, THE UNDERSIGNED, BEING AT LEAST 18 YEARS OF AGE, HEREBY REPRESENT THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD(REN) NAMED ABOVE. I DESIRE THAT MY CHILD(REN) PARTICIPATE IN THE PEEK PROGRAM'S PRESCHOOL / KINDERGARTEN / STAY&PLAY / SUMMER CAMP PROGRAMS.

I understand The PEEK Program ("PEEK") will include a variety of activities, including but not limited to hiking, participation in sporting events, and field trips. I also understand my child(ren) will be transported by PEEK transportation to and from some of these activities as well as to and from school.

I am also aware that hiking, participation in sporting events, field trips and vehicular travel may pose risks, dangers and hazards, including but not limited to changing weather conditions, variations in terrain, auto accidents and negligence of others. I know my child(ren) may encounter these and other risks during the school year and/or summer camp and that serious injury or death may occur.

For myself and on behalf of my child(ren) and anyone claiming on behalf of or through my child(ren), I assume all risks of injury or death which may be associated with and/or result from my child(ren)'s participation in PEEK activities and I hereby release PEEK, its representatives, agents, affiliates, partners, officers, directors, servants and employees (hereinafter collectively "The PEEK Program" or "PEEK") of and from any liability, claims, demands, actions, and causes of action whatsoever for any loss, damage, injury, illness and harm of any kind and nature to my child(ren) or any other person arising out of or related to my child(ren)'s participation in PEEK activities unless such causes of action arise from PEEK's negligence. I intend that the assumption of risk and this Release of Liability be binding on myself, my child(ren) and anyone claiming on behalf of or through my child(ren), and I agree to indemnify and hold The PEEK Program harmless from all liability incurred as a result of lack of authority on my part to make this Release of Liability.

In addition, I agree to indemnify and hold PEEK harmless of and from any harm, injury, damage or loss to persons and/or property which my child(ren) may cause and/or contribute to while participating in PEEK activities.

I further authorize PEEK to call for medical care for my child(ren) or to transport my child(ren) to a hospital if, in the opinion of anyone working for PEEK believes medical attention is needed for my child(ren). I agree that upon transporting my child(ren) to any medical facility, clinic or hospital that PEEK's responsibility shall be totally fulfilled and PEEK shall not have any further responsibility for my child(ren). I agree to pay all costs associated with such medical care and related transportation of my child(ren) and indemnify and hold PEEK harmless from any cost incurred thereafter.

I warrant and represent that my child(ren) is in good health and there are no special problems associated with the care of my child(ren) and I have left no special instructions regarding my child(ren) unless contained within the special instructions section on the Child Health Assessment form which I have completed.

I have carefully read and I understand this Release of Liability and all of its terms. I understand that this is a release of liability which legally prevents me, my child(ren) or any other person from recovering in any lawsuit or in connection with any other legal claim for damages in the event of my child(ren)'s death or any injury to my child(ren). I nevertheless enter into this Release of Liability freely and voluntarily and agree that it is binding upon my child(ren), and our respective heirs, assigns, legal representatives and me.

FOR MYSELF AS AN INDIVIDUAL AND AS THE PARENT OR GUARDIAN OF MY CHILD(REN)

Parent Name _____ Parent Signature _____ Date _____



RESTROOM AWARENESS (YOUNGER CHILDREN)

The information you provide will assist our teaching team to meet your child's Restroom and Quiet Time needs.

Child's first and last name: _____ Age as of 6/1/19: _____ yrs. _____ mo.

In helping with your child's successes at school it's important you understand what will be expected of your child. Your child will be expected to:

- be toilet trained
- be able to wipe themself
- be able to understand the importance of, and use, the proper amount of toilet paper
- dress themself after using the restroom or having an accident

Know that we will gladly help children needing assistance, but understand our school is not designed with a changing station but rather a normal restroom. If you are unsure about your child's readiness to attend The PEEK's Summer Camp Program then consider a shorter day or postponing attendance for a period of time allowing them the opportunity to be successful while at summer camp.

PARENT TO PEEK COMMUNICATION

My child is:

- _____ SUCCESSFUL, with maybe an infrequent accident now and again.
- _____ moving towards success, but needs reminding (has a few accidents a month).

Our Office Team will happily meet with you if there is a concern.

_____ WE WOULD LIKE TO SET-UP A CONFERENCE TIME.

QUIET TIME

All children will participate in Quiet Time for approximately one hour. Children may nap or rest quietly while being read to or while listening to music. To comfort your child please provide a small blanket and comfort toy about the size of an adult hand.

PARENT TO PEEK COMMUNICATION

My child usually needs:

- _____ to nap as long as needed (PEEK will set the limit)
- _____ to nap for a ½ hour or less
- _____ to not nap; should the child fall asleep PEEK will allow him/her to sleep for 15 minutes

Parent's Signature _____ Date _____



2019 SUMMER CAMP FIELD TRIP PERMISSION (OLDER KIDS)

I understand, if my child(ren) attends PEEK all day, on field trip days, that they will be expected to attend the scheduled field trip. However, PEEK may determine that my child(ren) remains on campus, rather than attend a field trip, due to age, ability, peers, behavior, scheduling or ratios. Also, if I add additional camp days, that include field trips, then I understand that I have granted permission for my child(ren) to attend. I, (print) _____

authorize (child) _____ to attend the below noted field trip(s).

Parent Signature _____ Date _____

2019 CAMP THEMES	TUESDAY AND THURSDAY FIELD TRIPS (9:00 am - 3:00 pm except where noted below)		FRIDAY OPEN SWIM (9:00 am - 12:00 pm)
WEEK 1 June 17-21 SUPER FRIENDS	June 18 A Special Guest @ PEEK Pinebrook Park	June 20 Trailside Park	June 21 Kamas Pool (SSA&FC)
WEEK 2 June 24-28 ON THE FARM	June 25 Rasmussen Ranch	June 27 (8:30 am drop off) Wheeler Farm	June 28 Kamas Pool (SSA&FC)
WEEK 3 July 1-3 JURASSIC PARK (Closed July 4-5)	July 2 Swim Lessons at Kamas Pool (SSA&FC)	July 4 CLOSED	July 5 CLOSED
WEEK 4 July 8-12 JURASSIC PARK II	July 9 Swim Lessons at Kamas Pool (SSA&FC)	July 10 - Wednesday (8:30 am drop off) Natural History Museum Sugar House Park - SLC	July 12 Kamas Pool (SSA&FC)
WEEK 5 July 15-19 DISCOVER SCIENCE	July 16 Swim Lessons at Kamas Pool (SSA&FC)	July 18 (8:30 am drop off) This Is The Place	July 19 Kamas Pool (SSA&FC)
WEEK 6 July 22-23 DISCOVER SCIENCE II (Closed July 24-26)	July 23 On-Campus Event Kim's Cold Blooded Creatures	July 25 CLOSED	July 26 CLOSED
WEEK 7 July 29-August 2 WET & WILD	July 30 Swim Lessons at Kamas Pool (SSA&FC)	August 1 Deer Creek Reservoir	August 2 Kamas Pool (SSA&FC)
WEEK 8 August 5-8 PETE THE CAT (Closed August 9)	August 6 Memorial Hill Wasatch State Park	August 8 Matt Knoop Park OR Willow Creek Park	August 9 CLOSED

NOTE: South Summit Aquatic & Fitness Center = SSA&FC
Rasmussen Ranch, 1700 North Ridge Road, Wanship, UT 84017



2019 SUMMER CAMP FIELD TRIP PERMISSION (YOUNGER CHILDREN)

I understand, if my child(ren) attends PEEK, on field trip days, that they will be expected to attend the scheduled field trip. However, PEEK may determine that my child(ren) remains on campus, rather than attend a field trip, due to age, ability, peers, behavior, scheduling or ratios. Also, if I add additional camp days, that include field trips, then I understand that I have granted permission for my child(ren) to attend. I, (print) _____ authorize (child) _____ to attend the below noted field trip(s).

Parent Signature _____ Date _____

2019 CAMP THEMES	WEDNESDAY AND THURSDAY FIELD TRIPS (9:00 am - 11:30 am except where noted below)		TRANSPORTATION
WEEK 2 June 24-28 ON THE FARM Wanship, UT 84017	The Rasmussen Ranch 1700 North Ridge Road	Wednesday, June 26	PEEK Bus
WEEK 4 July 8-12 JURASSIC PARK	Ecker Hill Park	Thursday, July 11	PEEK Bus
WEEK 7 July 29-August 2 WET & WILD	Fire Station #35 (Kilby Road Station)	Wednesday, July 31	City Bus - Pink Line

Children riding in PEEK vehicles who are less than 80 lbs and less than 57" tall are required to sit in a federally approved seatbelt restraint. PEEK will provide the necessary carseat or booster for your child.



Presents

2019 SUMMER SWIM LESSONS AND FREE SWIM

ALL CHILDREN must have a completed SWIM REGISTRATION & WAIVER whether attending summer camp on swim days or not.

Children may DROP-IN at summer camp and we want to be prepared. Help us make a DROP-IN day go smoothly by completing this form.

SWIMMER'S ABILITY LEVEL

- Level 1: BUBBLES – beginner or nervous in water
- Level 2: FLOATS & GLIDES – comfortable holding breath under the water
- Level 3: KICKING – knows how to comfortably hold breath and float on stomach and back independently
- Level 4: CRAWL STROKE – mastered breath control, body position, and kicking on their front & back on top of water
- Level 5: FREESTYLE – can swim on top of the water, but stop when they need to take a breath

Participant #1's Level _____ Participant #2's Level _____

REGISTRATION & WAIVER AUTHORIZATION FROM

Participant #1 _____ Male or Female Age _____ Birthday ___/___/___

Participant #2 _____ Male or Female Age _____ Birthday ___/___/___

Waiver and Authorization for Medical Attention

The undersigned, as participant or as parent or guardian for a child participating, I hereby recognize and acknowledge that South Summit School District does not carry special health or accident insurance that would protect the participant in the event of accidental injury while participating in any program or facility offered by South Summit School District. Any accident or injury shall be referred to my insurance carrier and I assume full responsibility for the same. I agree to personally assume all expenses associated with accidents or injury arising out of participating in activities offered by South Summit School District. I further recognize that participation in activities or facilities is voluntary and that there are certain inherent risks which I assume for participant. I hereby release and discharge South Summit School District, it's governing officers, employees, staff or agents from all obligations, liabilities, claims, demands, costs and expenses, including attorneys fees, arising out of, or in connection with any injury sustained by the participant. I authorize the employees or agents of South Summit School District to notify emergency help in the case of an accident or injury sustained by their participation. I authorize the employees or agents of South Summit School District to notify emergency help I the case of a accident or injury to the participant while participating in any program offered by South Summit School District if in the discretion of the employee or agent, such emergency help is warranted.

By signing this assumption of risk and liability release I acknowledge that I have read its content and disclosure, that I understand its contents and disclosure an that I agree to its terms.

Parent or Legal Guardian (print) _____

Parent or Legal Guardian (signature) _____

Address _____

Emergency Phone Number (_____) _____ -- _____



EQUINE & LIVESTOCK RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Child(ren) Name(s): _____

I hereby enter into this agreement in consideration of my child's ability and permission to ride or use any horse or livestock owned by Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC, ("Owner") whose address is 2740 Rasmussen Road, Park City, Utah 84098.

IMPORTANT NOTICE

BY SIGNING THIS FORM, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR CHILD RIDING OR USING THE OWNER'S HORSE OR LIVESTOCK AND PARTICIPATION IN EQUINE OR LIVESTOCK ACTIVITIES AT RASMUSSEN RANCH IN WANSHIP, UTAH, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOUR CHILD OR RASMUSSEN RANCH.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING THIS FORM. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF, AND AGREEMENT TO, ITS TERMS. By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that my child will be allowed to participate in, and that I do hereby acknowledge and agree that my child will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses and livestock, including but not limited to:

- Bites, kicks, abrasions or contusions from horses or livestock and birds.
- Being thrown or bucked off by horses or livestock.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other equine or livestock equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

I hereby specifically forever waive and release Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC and their principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable or livestock environment and with horses or livestock, as well as from the active negligence of Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC, its principals and agents.

(Initial) _____ By signing this form, I hereby acknowledge that although there may be supervision during my child's time spent at Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC, there will not be a nurse on the premises and Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC and their principals and agents bear no responsibility for my child's health or medical care.

I agree to indemnify, save and hold harmless Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC and their principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my child's presence or participation at Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC or any acts or omissions of Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC principals or agents.

(Initial) _____ By signing this form, I hereby acknowledge my complete understanding, agreement and consent to my child's presence and participation in the activities at Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC, without restriction, without liability to Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein.

If my child is present at and participates in the activities of Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC, I accept all risk, and I hereby acknowledge and agree that Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC and any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my child's presence or participation at Rasmussen Ranch, Mark and Brandy Rasmussen, Creekside Kids, LLC.

Parent's Name (print): _____ Telephone: (_____) _____ - _____

Address: _____

Participant's Signature: _____ Date: _____ / _____ / 2019