



2025 REGISTRATION AND RELEASE FORM

BLUE RIBBON FARMS, INC. | 384 Cow Path Road | Aliquippa, PA 15001
412-974-1650 | Blueribbon5@verizon.net

PLEASE COMPLETE WITH ALL REQUESTED INFORMATION

Students Name: _____ Age: _____ Phone: _____

Address: _____

Parent or Guardian: _____ Phone: _____

E-Mail: _____

Address: _____

Child T-Shirt Adult T-Shirt / T-Shirt Size: xs small medium large xl

IN CASE OF EMERGENCY

Contact: _____ Phone: _____

Other Contact: _____ Phone: _____

Date of Camp wishing to attend: June 24–26 July 15–17 July 29–31 August 5-7

Would you liked to be grouped with someone? _____

If you answered yes please specify name of individual(s)? _____

How did you hear about us? _____

PHOTO RELEASE

For valuable consideration, the receipt of which Blue Ribbon Farms, Inc. hereby acknowledged, the undersigned hereby grants to Blue Ribbon Farms, Inc. permission to take, or have taken still and moving photographs, videos and films including television pictures of myself or my daughter/son/ward/horse (strike out inapplicable words).

_____ and consents and authorizes Blue Ribbon Farms, Inc. and its advertising agencies, news media and any other persons involved with Blue Ribbon Farms, Inc. and its program, to use and reproduce the photographs, films, videos and pictures to circulate and publicize the same by any means deemed appropriate by Blue Ribbon Farms, Inc., including without limitations newspapers, television media, brochures, pamphlets, instructional materials, books and clinical materials.

No inducements or promises have been made to me to secure my signature to this release than the intention of Blue Ribbon Farms, Inc. to use or cause to be used in such photographs, films, videos and pictures for the primary use of promoting and aiding Blue Ribbon Farms, Inc. and its programs.

Dated this _____ day of _____, _____

_____ OR I do not wish for photos to be used



AUTHORIZATION FOR MEDICAL TREATMENT

BLUE RIBBON FARMS, INC. | 384 Cow Path Road | Aliquippa, PA 15001
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PLEASE COMPLETE WITH ALL REQUESTED INFORMATION

Students Name: _____ Age: _____ Phone: _____

Address: _____

EMERGENCY CONTACTS

Parent or Guardian: _____ Phone: _____

Other Contact: _____ Phone: _____

Physicians Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____

Please note on this form any medical considerations including allergies (bee stings, asthma, etc.), conditions requiring regular physician care, and prescribed medications taken regularly: _____

CONSENT (Please initial only one, sign and complete below)

The undersigned hereby grants to staff members of Blue Ribbon Farms, Inc. the authority to receive information pertaining to health care of the student named below and to make health care decisions with respect to the student if the undersigned is unavailable to obtain such information or make decisions.

_____ **I DO** consent to Blue Ribbon Farms, Inc. obtaining health care information or making health care decisions concerning the student in the event I am unavailable in an emergency.

NONCONSENT

Blue Ribbons Farms, Inc. requires an attendant to remain on the property with any student who do not have a consent signature. If the undersigned does not desire to grant a staff member of Blue Ribbon Farms, Inc. authority to obtain health care information or to make health care decisions for the student if the undersigned is unavailable, please initial the box below and state if the student becomes ill or is involved in an accident and the undersigned is unavailable:

_____ **I DO NOT** consent to Blue Ribbon Farms, Inc. obtaining health care information or making health care decisions concerning the student and I will always have a responsible party on site in case of an emergency.

Date: _____ Signature: _____



Waiver and Release From Liability

BLUE RIBBON FARMS, INC. | 384 Cow Path Road | Aliquippa, PA 15001
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I, _____ (adult or minor child) HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Blue Ribbon Farm, Inc., and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts contracts, expenses, cause of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or Child ever had or may have arising from or in any way related to my/child's participation in any events or activities conducted by, on the premises of, or for the benefit of, Blue Ribbon Farms, Inc. provided that his waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. I understand the activities that I/children will participate in and that I/children will see are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. I/children will be in direct contact with animals that include but are not limited to: goats, rabbits, pigs, horses, chickens, etc. I understand that, as with most animals, they may react in unpredictable ways to sounds, sudden movements, people, or other animals that could result in injuries to people. On behalf of myself, said children, my heirs, assigns and next of kin, I/children waive all claims for damages, injuries and death sustained to me/children or property, that I/children may have against the aforementioned released party to such activity. By this waiver, I/children, assume any risk, and take full responsibility and waive any claims of personal injury or death or damage to personal property with Blue Ribbon Farms, Inc. including but not limited to visiting the farm, observing or interacting with the animals, using the facility and its equipment in any manner, form or fashion, and practicing and/or engaging in other related activities including the initiating or prohibited contact with the animals on and off the premises and disobeying and Farm regulations both posted and unposted. It is a condition of entry that visitors observe all warning signs, do not venture over exhibit barriers, and do not enter Blue Ribbon Farm's off limit areas.

The provisions of the WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties. The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the the premises of, or for the benefit of Blue Ribbon Farm, Inc., whether by agreement, by operation of law, or otherwise. I have read, understand, and fully agree to the terms of this WAIVER AND RELEASE.

I understand and confirm that by signing this WAIVER AND RELEASE that I/children have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress of threat of duress, without inducement, promise of guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older, and/or legal guardian of children, and mentally competent to enter into this waiver.

Child's Full Name (Printed): _____

Parent/Legal Gaurdian (Printed): _____

Signature: _____ Date: _____



PAYMENT FORM

BLUE RIBBON FARMS, INC. | 384 Cow Path Road | Aliquippa, PA 15001
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PAY BY CHECK

Please make check payable to:

Blue Ribbon Farms, Inc.

Mail to:
384 Cow Path Road
Aliquippa, PA 15001

PAY BY CREDIT CARD

Type of Card:



Card Number: _____

Exp. Date: _____ Security Code _____

Amount: \$ _____

Signature: _____

By signing the above, this authorizes Blue Ribbon Farms, Inc. to bill my credit card this one-time fee.