



### **THIS PLACE**

Let me tell you of a place,  
where calm and quiet reign.  
A breeze that whispers cross your face,  
and makes you feel again.

In this place of peace and hope,  
I begin to feel once more.  
I pray it will not leave me soon,  
the sense of hope and joy.

The pine trees swaying in the breeze,  
the dawn that lights the sky.  
I set myself under the trees,  
and watch His wonder come alive.

He may not see it in my eyes,  
I know he hears my prayers.  
I thank the Maker for this place,  
the place that healed my heart.

*Alisha Shank*

**Image of Hope Ranch, Inc.**  
**5499 County Road 31**  
**Auburn, IN 46706**  
**260-409-9860**

For Office Use Only	
Start Date	_____
Address Change	_____
Guardianship Change	_____

**Image of Hope Ranch Activities Liability Release and Assumption of Risk agreement.**

**Name:** \_\_\_\_\_ **Male or Female**

**Address:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

**Emergency Contact Information:**

**Name:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Medical Insurance Information:**

**Name of Insurance:** \_\_\_\_\_

**Please Mark One:**

**Teen Mentoring Program** \_\_\_\_\_

**Archery Program** \_\_\_\_\_

**Does this participant have any physical or mental conditions which may affect his/her ability and safety to participate in Image of Hope Ranch activities?**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If yes how can we help them with their needs** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If any of this information changes please let us know so we can update our file.

MEDICAL INSURANCE I/WE AGREE THAT: Should medical treatment be required, land/or my medical insurance company shall pay for ALL such incurred expenses.

Please check if currently applies to this PARTICIPANT:

\_\_\_\_\_ Under AGE 18

Please complete one form per individual visiting Image of Hope Ranch, Inc. and/or Whispering Pines Horse Ranch, LLC.

PHOTO RELEASE I/WE RELEASE: all rights to photos taken of you or the above mentioned for future use by Image of Hope Ranch, Inc. and/or Whispering Pines Horse Ranch, LLC, its founders, leaders and/or Board of Directors in ranch publications, videos, books newsletters, etc. Initial \_\_\_\_\_

SAFETY AGREEMENT I/WE AGREE: to stay out of all stalls, paddocks, corrals, tack-rooms, office and all other non-office related buildings while waiting for scheduled activities, or while waiting for a or leader. If under the age of 16 to stay away from the pond area while waiting for instructor or leader unless accompanied by a parent or guardian. To stay off of the archery course while waiting for instructor.

LIABILITY RELEASE I/WE AGREE THAT: In consideration of Image of Hope Ranch, Inc. and/or Whispering Pines Horse Ranch, LLC allowing my participation in this activity, under the terms set forth herein, I the participant, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns do agree to release, hold harmless and Image of Hope Ranch, Inc. and/or Whispering Pines Horse Ranch, LLC its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on their behalf (herein after, collectively referred to as "associates") of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Image of Hope Ranch, Inc. and/or Whispering Pines Horse Ranch, LLC and/or its associates ordinary negligence or legal liability; and I do further agree that except in the event of Image of Hope Ranch, Inc. and/or Whispering Pines Horse Ranch, LLC gross negligence and /or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against Image of Hope Ranch, Inc. and/or Whispering Pines Horse Ranch, LLC and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Image of Hope Ranch, Inc. and/or Whispering Pines Horse Ranch, LLC, to include while participating in any activity on said property.

All Participants and/or Legal Guardians\* must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS

I/WE THE UNDERSIGNED, REPRESENT THAT I/WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENTS, LIABILITY RELEASE AND ASSUMPTION OR RISK AGREEMENTS, I/WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP

RIGHTS TO SUE TODAY AND IN THE FUTURE. I/WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS. (If a dispute over this agreement or any claim for damages arises the Participant (or parent/ guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the ranch board cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.)

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Signature of Participant (required for anyone age 13 and over)	Date
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Signature of Parent or Legal Guardian* (required for anyone under the age of 18)	Date
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\*Legal guardians do not include babysitters or friends of the family, unless that individual has been named guardian by a legal process, signed notes are not considered "legal",