



501-C-3 Non-Profit



Love Grows Here
TAX EIN # 47-2390562

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The Mission of Friends of Infinity Acres Ranch (FOIAR) is to provide educational and interactive opportunities for the community utilizing Animal Assisted Therapies and Interactions. FOIAR provides programs for the public and specializes in services for individuals with disabilities using domestic and exotic animals to encourage physical, emotional, and psychological well-being.

2023 Spring Special Prom Night Registration

Doors will open at 5:30 pm for Registration/Pretty Station for hair/nails

Red Carpet Walk starts at 6 pm

(email or return completed registration to address above)

Registration Form must be fully completed and submitted by 2/28/23 for guest to participate.

Free Event for Adults (18 & over) with Disabilities on 3/3/23 from 6pm -8 pm at

Virginia Museum of Natural History in Martinsville VA

Guest Name: _____

Date of Birth: _____

Gender: Male: _____ Female: _____

Address: _____

PHONE #: _____ CELL: _____

Email: _____

Verbal: _____ Language: _____

Emergency Contact Phone # During Event: _____

Health Concerns: _____

Mobility Challenges: _____

Communication Challenges: _____

Sensory Issues/Concerns: _____

Allergies (food, latex, meds) _____

Dietary Needs (choke risk, pureed etc) _____

Will Guest be dropped off & picked up _____ Will Chaperone stay with guest _____

NOTE! No Guests will be administered any medication by volunteers or coordinators of this event!
In the event a guest needs medication or medical care, either the parent, AR or caregiver must provide.
911 will be called for any medical concerns or aggressive/violent behaviors.
Transportation to and from the event is the responsibility of the guest's parents/AR/Group Home, CM.

Guest Signature: _____ Date _____

Guardian/AR/Caregiver Signature _____ Date _____

Guest Name: _____ pg 2

Parent/Caretaker Name: _____

Parent/ Caretaker Phone: _____

Care Provider Agency: _____

Care Provider Phone: _____

Name of Agency Chaperone: _____

Liability Release:

The undersigned, for him/her self, his/her heirs, legal representatives &/or assigns agrees to: a) Indemnify and hold Infinity Acres LLC/ Friends of Infinity Acres Ranch Inc. and/or Richard and Laura Steere, their successors and/or assigns, staff or Board of Directors /VMNS /all donors, sponsors, vendors and volunteers harmless from all claims, losses, causes of action or other liabilities, costs and expenses (including reasonable attorneys' fees) of any nature, whether absolute, accrued, contingent or otherwise arising out of or pertaining to _____ (name) being allowed to participate in the Special Prom event on 3/3/23. b) Releases and forever discharges Infinity Acres LLC/ Friends of Infinity Acres Ranch Inc. and/or Richard and Laura Steere, their successors and/or assigns, staff or Board of Directors, /VMNS /all donors, sponsors, vendors and volunteers of and from all claims, demands, actions and causes of action of any kind of nature at law or in equity based upon _____ (name) being allowed to participate in the activities associated with the Special Prom event. c) THIS IS AN ABSOLUTE AND COMPLETE INDEMNITY, HOLD HARMLESS AND RELEASE AGREEMENT FROM _____ (name) TO Infinity Acres LLC/ Friends of Infinity Acres Ranch Inc. and/or Richard and Laura Steere, their successors and/or assigns, staff or Board of Directors, /VMNS /all donors, sponsors, vendors and volunteers WITH REGARD TO ANY AND ALL CLAIMS OR CAUSES OF ACTION WHICH _____ (name) MAY HAVE AGAINST Infinity Acres LLC/ Friends of Infinity Acres Ranch Inc. and/or Richard and Laura Steere, their successors and/or assigns, staff or Board of Directors, /VMNS /all donors, sponsors, vendors and volunteers . THIS IS A LEGALLY BINDING CONTRACT WHICH AFFECTS YOUR RIGHTS. IN THE EVENT THAT YOU DO NOT UNDERSTAND IT, YOU SHOULD SEEK YOUR OWN LEGAL COUNSEL.

_____(Initial) Media Release: I give permission Infinity Acres LLC/ Friends of Infinity Acres Ranch Inc. and/or Richard and Laura Steere, their successors and/or assigns, staff or Board of Directors//VMNS /all donors, sponsors, vendors and volunteers to use photographs, video, audio footage, testimonials for local, regional, state, online, promotional or educational purposes.

Guest Signature: _____ Date _____

Guardian/AR/Caregiver Signature _____ Date _____

(email or return completed registration to address above) Registration Form must be fully completed and submitted no later than 2/28/23 for guest to participate.

Free Event for Adults (18 & over) with Disabilities on 3/3/23 from 6pm -8 pm at VMNH Martinsville.