

**Heifer Ranch**

55 Heifer Rd  
Perryville, AR 72126  
ATTN: Ian Peters  
1-501-889-7002

## 2022 Lambing Weekend Retreat Registration

| <u>Dates</u>                              | <u>Program</u>          | <u>Duration</u> | <u>Location</u> | <u>Fee (includes meals &amp; lodging)</u> |
|---|-------------------------|-----------------|-----------------|---|
| <input type="checkbox"/> February 25 – 27 | Lambing Weekend Retreat | 2 nights        | Perryville, AR  | \$500 per person                          |

**There are two ways to register:**

1. Complete form and return by mail with your full payment (check).
2. Call in this information and pay over the phone (credit card).

*Participants under 18 must be accompanied by an adult 18 or older.*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PAYMENT**

\_\_\_ I have enclosed a check with this registration form made payable to HEIFER INTERNATIONAL.

\_\_\_ I prefer to pay by phone using a credit card.

*We will call you within 48 hours of receiving your registration form to obtain your information.*

**CANCELLATIONS/REFUNDS**

- If you cancel, reasonable efforts will be made to reschedule an alternative date.
- Cancellations 90 days prior to program receive 50% refund.
- Cancellations less than 90 days prior to program – no refund.
- Session cancellations made by Heifer International will be refunded 100%.
- Session cancellation made by Heifer International will be determined no later than 30 days prior to the program.

**CONFIRMATION**

You will be sent a confirmation e-mail or mailed a confirmation packet (if you don't use e-mail) within 3 working days of receipt of your registration and payment.

**COVID-19**

Participants agree to abide by all COVID-19

## Participant Information Sheet

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

### Meals

Indicate all **dietary preferences** or food allergies that you have (vegetarian, gluten intolerance etc.):

---

---

### Lodging

Will you attend with anyone? Yes or No (*circle one*). If yes, who? \_\_\_\_\_

Are you an Early Riser ☐ or a Night Owl ☐?

Is there another participant you would like to share a room with? \_\_\_\_\_

### Getting to know you

How did you hear about this program? \_\_\_\_\_

What do you hope to get out of this program?

---

---

Please tell us about any previous knowledge or experience you have had with Heifer International (if any):

---

---

Anything else you'd like us to know?

---

---

**Heifer Ranch**  
55 Heifer Rd  
Perryville, AR 72126  
ATTN: Ian Peters  
1-501-889-7002

### WAIVER AND RELEASE

This WAIVER AND RELEASE (the "Waiver") is executed and delivered to and in favor of HEIFER PROJECT INTERNATIONAL, an Arkansas nonprofit corporation ("HPI"), as of the date referenced below, by the undersigned participant, and if necessary his/her parent or legal guardian (collectively, the "Participant"). The execution of this Waiver is required before Participant may participate in activities at a Heifer Learning Center, including but not limited to hands-on projects that utilize experiential and adventure education by which Participant may "learn by doing", may include work related to farming, ranching, and construction, such as building a fence or other small structures, and are presented on a "challenge by choice" basis, meaning Participant will choose whether, and at what level, he/she participates (collectively the "Program").

Participant's participation in the Program requires he/she be in good physical condition. If Participant is not in good health, has pre-existing medical conditions, or has questions about the current state of his/her health, Participant should consult a physician before participating in the Program. Participant understands and agrees participation in the Program may expose Participant to various risks including but not limited to physical or mental exertion, exposure to heat, cold, or other outdoor weather conditions, heights, difficult ingress or egress into or out of certain areas, domestic and wild animals, poisonous plants, rugged terrain, potentially dangerous tools, construction equipment or other equipment, machinery, appliances, and vehicles. Participant warrants he/she is in good health and his/her physical and mental condition are sufficient to withstand the potential rigors and hazards associated with the Program. **PARTICIPANT AGREES HE/SHE WILL TRAVEL TO AND FROM, AND PARTICIPATE IN THE PROGRAM, WITH FULL KNOWLEDGE OF ALL OF THE RISKS INVOLVED IN THE PROGRAM, AND HEREBY AGREES TO ASSUME ANY AND ALL OF SAID RISKS.** Participant understands and agrees HPI does not, and is under no obligation to, provide Participant with health, accident, or death insurance or other benefits, or provide medical treatment during the Program. In the event of an emergency Participant authorizes the administration of any first aid, transportation, examination, diagnosis, or treatment deemed necessary by available staff or personnel. Participant understands and agrees HPI is not responsible for the performance or nonperformance of any tools, construction equipment or other equipment, machinery, appliances, or vehicles provided to Participant in connection with the Program, and agrees to look solely to the manufacturer and its warranties in the event said items are defective. **HPI HEREBY WAIVES AND DISCLAIMS ANY AND ALL WARRANTIES IN CONNECTION WITH SAID TOOLS, CONSTRUCTION EQUIPMENT OR OTHER EQUIPMENT, OR SUPPLIES, INCLUDING BUT NOT LIMITED TO ANY EXPRESS OR IMPLIED WARRANTIES, OR WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.** *For MA participants only: under MA law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.*

Participant agrees HPI may film, tape, photograph and write stories about him/her in connection with the Program, and HPI shall be the exclusive owner of the results and proceeds of such filming, taping, photography, and writings, with the right to use in any reasonable manner, throughout the world, for an unlimited number of times in perpetuity, royalty free, all or any portion of said name, appearance, image, and writings, for any reasonable purpose, and in any format or medium, including but not limited to training videos, HPI promotions, HPI literature, and educational materials. Participant understands his/her name, appearance, and image, and writings about him/her, will be available for viewing or reading by the general public, and may appear on HPI's website, in print, or in other formats and mediums. Participant understands he/she is providing this authorization free of charge or consideration, and waives any right of inspection or approval of his/her name, appearance, and image, and writings about him/her, or the uses to which such name, appearance, image or writings may be put. **AS A CONDITION OF PARTICIPATING IN THE PROGRAM, AND AS PART OF THE CONSIDERATION FOR HPI'S PERMISSION FOR PARTICIPANT TO PARTICIPATE IN THE PROGRAM, PARTICIPANT AND HIS/HER HEIRS, EXECUTORS, ADMINISTRATORS, AGENTS, AND ASSIGNS, HEREBY RELEASE, INDEMNIFY, AND FOREVER DISCHARGE HPI, ALONG WITH HPI'S AGENTS, DIRECTORS, OFFICERS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, EMPLOYEES, AND VOLUNTEERS, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, ACTIONS, CAUSES OF ACTION, OR LIABILITY OF ANY NATURE WHATSOEVER, KNOWN OR UNKNOWN, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY OR PROPERTY DAMAGE, INCURRED IN CONNECTION WITH THE PROGRAM OR THE ABOVE-DESCRIBED FILMING, TAPING, PHOTOGRAPHY, AND WRITINGS.**

BY SIGNING BELOW, PARTICIPANT, AND IF APPLICABLE (FOR EXAMPLE PARTICIPANT IS 17 YEARS OF AGE OR UNDER), PARTICIPANT'S PARENT OR GUARDIAN, CONFIRM THIS WAIVER HAS BEEN READ, UNDERSTOOD, AND VOLUNTARILY AGREED TO AND ACCEPTED.

|                             |                                  |               |                                      |
|-----------------------------|----------------------------------|---------------|--------------------------------------|
| _____<br>Participant's Name | _____<br>Participant's Signature | _____<br>Date | _____<br>Participant's Date of Birth |
|-----------------------------|----------------------------------|---------------|--------------------------------------|

If Participant is 17 years of age or under:

|                                   |  |               |
|-----------------------------------|--|---------------|
| _____<br>Parent's/Guardian's Name | _____<br>Parent's/Guardian's Signature | _____<br>Date |
|-----------------------------------|--|---------------|

Parents/Guardian's Contact Information (check the "opt out" box below if you do not wish to receive correspondence/communication from us)

|                          |                   |                        |                  |
|--------------------------|-------------------|------------------------|------------------|
| _____<br>Mailing Address | _____<br>Zip Code | _____<br>Email Address | _____<br>Phone # |
|--------------------------|-------------------|------------------------|------------------|

☐ Opt out (I do **NOT** wish to receive correspondence/communication from Heifer International)

**Heifer Ranch**  
55 Heifer Rd  
Perryville, AR 72126  
ATTN: Ian Peters  
1-501-889-7002

## ***Emergency Medical Information***

### **Participant Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Conditions or special needs that may affect participation in programming or need to be known in an emergency:**

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

**Medications:** \_\_\_\_\_

**Dietary Restrictions/Allergies:** \_\_\_\_\_

### **In Case of Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Alternative Phone Contact: (     ) \_\_\_\_\_

### **Physician Information:**

Physician's Name: \_\_\_\_\_ Office Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance:** Heifer Project International recommends that each participant be covered by a health insurance policy that is provided by the participant, a parent, a spouse, or the sponsoring organization (church, school, employer, etc.). The information is used in the case of a medical emergency.

Insurance Company \_\_\_\_\_ Effective Date \_\_\_\_\_

Group I.D. Number \_\_\_\_\_ Individual I.D. Number \_\_\_\_\_

Pre-admission Certification Phone Number: (     ) \_\_\_\_\_

**Medical Release:** In the event of an emergency, I authorize the administration of any first aid, transport, examination, diagnosis, and/or treatment that is deemed necessary by Heifer Project International staff or any paramedic, nurse, physician, or dentist.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Printed Name & Address: \_\_\_\_\_

**(REQUIRED if participant is under 18 OR is covered by parent's insurance)**