

PLEASE FILL OUT THIS FORM AND MAIL IT TO:
 Max's Miracle Ranch
 3476 SMITH AVE
 BIGGS, CA 95917

ENROLLMENT FORM		
CHILD INFORMATION		
NAME OF CHILD YOU ARE ENROLLING:		
PHONE NUMBER:	DOB:	AGE:
ADDRESS:		PHONE:
CITY:	STATE:	ZIP CODE:
SHIRT SIZE: S M L XL	SEX: M F	
E-MAIL ADDRESS:		
DIAGNOSIS:		
DOCTOR INFORMATION		
DOCTOR'S NAME:		PHONE:
ADDRESS:		FAX:
CITY:	STATE:	ZIP CODE:
PARENT/LEGAL GUARDIAN INFORMATION		
PARENT ONE FULL NAME:		Relationship:
Address:		Phone:
City:	State:	ZIP Code:
PARENT/LEGAL GUARDIAN INFORMATION		
PARENT TWO FULL NAME:		Relationship:
Address:		Phone:
City:	State:	ZIP Code:
SIBLING INFORMATION		
SIBLING #1 FULL NAME:		
AGE:	DOB:	SEX: M F
SIBLING #2 FULL NAME:		
AGE:	DOB:	SEX: M F
SIBLING #3 FULL NAME:		
AGE:	DOB:	SEX: M F
SIBLING #4 FULL NAME:		
AGE:	DOB:	SEX: M F
SIBLING #5 FULL NAME:		
AGE:	DOB:	SEX: M F
SIBLING #6 FULL NAME:		
AGE:	DOB:	SEX: M F

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ENROLLMENT FORM		
HEALTH CARE PROVIDER INFORMATION		
NAME:		PHONE:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
INSURANCE INFORMATION (FOR EMERGENCY ONLY)		
CARRIER:		
POLICY NUMBER:		
MEMBERS NAME:		
MEMBERS SOCIAL SECURITY NUMBER (THIS INFORMATION WILL BE KEPT CONFIDENTIAL):		
RELEASE OF LIABILITY		
ON BEHALF OF THE FOLLOWING CHILDREN:		
1.	2.	
3.	4.	
5.	6.	
7.	8.	
<p>I/WE AGREE TO RELEASE MAX'S MIRACLES INC., AND THE MIRACLE RANCH FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE, LIABILITIES, OBLIGATIONS, PREMISES LIABILITY, RIGHTS, DEMANDS, ACTIONS, DUTIES, CONTROVERSIES, PROMISES, DEBTS, LIENS, CAUSES OF ACTION, LOSSES, COSTS AND EXPENSES OF ANY KIND AND EVERY KIND, NATURE, AND CHARACTER, KNOWN OR UNKNOWN AND DEMANDS OF EVERY KIND AND NATURE, KNOWN AND UNKNOWN, INCLUDING, BUT NOT LIMITED TO, ATTORNEYS FEES AND COSTS, ARISING FROM OR RELATED TO PARTICIPATION IN THE MAX'S MIRACLES EVENTS. THIS INCLUDES, BUT IS NOT LIMITED TO, ALL LIABILITY FOR DAMAGES AND INJURIES TO BOTH PERSONS AND PROPERTY BROUGHT ABOUT, CAUSED BY OR STEMMING FROM, THE ACTIVE OR PASSIVE NEGLIGENCE OF ANY OR ALL OF THE RELEASED PARTIES.</p>		
SIGNATURES		
PRINT NAME OF PARENT ONE:		Date:
SIGNATURE OF PARENT ONE:		
PRINT NAME OF PARENT TWO:		Date:
SIGNATURE OF PARENT TWO:		

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MEDIA, PHOTO AND VIDEO RELEASE	
I, ACKNOWLEDGE AND UNDERSTAND THERE IS A POSSIBILITY THAT EITHER LOCAL OR NATIONAL TELEVISION VIDEOTAPING AND/OR LOCAL OR NATIONAL PHOTO DOCUMENTATION MAY BE OCCURRING DURING MAX'S MIRACLES EVENTS. WE REQUEST THE SIGNATURE OF BOTH PARENTS OR LEGAL GUARDIANS.	
PRINT NAME OF PARENT ONE:	Date:
SIGNATURE OF PARENT ONE:	
PRINT NAME OF PARENT TWO:	Date:
SIGNATURE OF PARENT TWO:	
AS PARENT/GUARDIAN OF: CHILDREN'S NAME(S)	
I DO I DO NOT GRANT PERMISSION TO BE VIDEOTAPED/PHOTOGRAPHED, AND RELEASE ALL RIGHT TO MAX'S MIRACLES, INC. , FOR THE PURPOSE OF FUNDRAISING, MARKETING, CAUSING AWARENESS AND FOR SLIDESHOWS.	
(PARENT/GUARDIAN SIGNATURE) (DATE)	
(PARENT/GUARDIAN SIGNATURE) (DATE)	