



**Heifer Ranch – Perryville, AR**  
 55 Heifer Rd  
 Perryville, AR 72126  
 Attn: Reservation Office  
 1-855-3HEIFER (343-4337) – Press 2

**Heifer Farm – Rutland, MA**  
 216 Wachusett St  
 Rutland, MA 01543  
 Attn: Reservation Office  
 1-855-3HEIFER (343-4337) – Press 3

## 2018 Women’s Lambing Registration

**CHECK ALL SESSIONS THAT APPLY:**

Dates	Duration	Location	Fee (includes meals & lodging)
<input type="checkbox"/> March 9-11	2 nights	Perryville, AR	\$350
<input type="checkbox"/> March 15-18	3 nights	Perryville, AR	\$425
<input type="checkbox"/> April 6-9	3 nights	Rutland, MA	\$425
<input type="checkbox"/> April 9-12	3 nights	Rutland, MA	\$425
<input type="checkbox"/> April 13-16	3 nights	Rutland, MA	\$425

**There are two ways to register:**

1. Complete form and return by mail with your full payment to the appropriate site.
2. Call in this information to the appropriate site.

*For women ages 14 and older. Participants under 18 must be accompanied by an adult 18 or older.*

**Make all checks payable to HEIFER INTERNATIONAL.**

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

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

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

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

**Credit Card Payments** – Credit Card Type (check one) MasterCard:\_\_\_ Visa:\_\_\_ Discover:\_\_\_ American Express:\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Name As It Appears on Card: \_\_\_\_\_

Security Code: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_Check here if you’d prefer to pay by phone. We will call you within 24 hours of receiving your registration form to obtain your information.

### CANCELLATIONS/REFUNDS

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

### Confirmation Packet

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.



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**Participant Information Sheet**

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

**Meals**

Indicate *any 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 ?

For Heifer Farm, Rutland, MA participants ONLY:

Indicate Bunk Preference:      Top       Bottom       \*Either

\*If you can accept a top bunk if necessary, please indicate “either.” We do our best to accommodate your bunk preference, however, we have a limited number of bottom bunks available. Thank you!

For Heifer Ranch, Perryville, AR participants ONLY:

Who do you wish to 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?

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



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**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.

\_\_\_\_\_  
 Participant’s Name                      Participant’s Signature                      Date                      Participant’s Date of Birth

If Participant is 17 years of age or under:

\_\_\_\_\_  
 Parent’s/Guardian’s Name                      Parent’s/Guardian’s Signature                      Date

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

\_\_\_\_\_  
 Mailing Address                      Zip Code                      Email Address                      Phone #

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



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**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)**