## 2024 FATHER & TEEN SESSION APPLICATION

The Quickwater Ranch is sponsoring a session with mountain biking and other activities for fathers and their children, ages 12 to 25. The session will be held from 2pm on Wednesday, June 26 through the afternoon of Saturday, June 29, 2024. The deadline for applications is January 31. There is no fee for the program. Mail your completed application to: The Jacobsens, 2431 Parker Court, Mountain View, CA 94043.

Contact Information					
Father's Name		Cell	Email		
Mother's Name		Cell	Email		
Address					
City		State	Zip		
Children who will be at	tending				
	Sex_	DOB		Sex	DOB
	Sex				DOB
application. It must be fo	or someone ou	ed for all applicants. The projectside your immediate family. Tou did for your service project:			

Father Information		
Name		
Date of Birth		
Weight		
		Attach recent photo of your face
		(no staples please)
What activities do you enjoy	y doing with your children?	
What do you hope to gain fr	om this experience?	
		_
Describe your level of moun	tain biking experience	
Mountain Bike Information		
	ble at the ranch for those who are not able to bring one. H are encouraged to bring their own bike if possible. Pleas	
$\Box$ I need to use a ranch bike		
☐I will bring a bike	Brand/Model	Size

If you bring a bike please make sure it is in good working condition before arriving at the ranch.

Name		
Date of Birth		
		Attach recent photo of your face
		(no staples please)
What activities do you enjo	ov doing with your father?	
	, ,,,,	
What do you hope to gain f	rom this experience?	
_		
Describe your level of mou	ntain biking experience	
Mountain Bike Information	า	
	able at the ranch for those who are not able to bri s are encouraged to bring their own bike if possil	
☐ I need to use a ranch bik	e	
☐I will bring a bike	Brand/Model	Size

If you bring a bike please make sure it is in good working condition before arriving at the ranch.

General Health			
By filling out this application you are certifying that all r noted below, none of you have any physical, psychologic any of you can participate in. If any of you have any sort list the name of each family member and the restriction	cal, or other condition that v of limitations or restrictions	vould place restrictions upon the ac	tivitie
Emergency Contact: Name		Phone	
Conditions & Medications			
List below the name of each family member and any cor about if they were being treated in an emergency situat		ach that a doctor would need to kn	ow
Participation Agreement			
We hereby acknowledge that we have voluntarily applications, to become members of the Ranch Association Ranches and their agents. The Ranches as referred to hereby prometierra LLC and any employees, officers, directors and those from whom they lease or borrow livestock.	while at the Ranches, and to erein specifically include the	e engage in activities conducted by a California Family Foundation,	
In the event of an injury or illness necessitating medical behalf in making decisions in regard to such care. We as the cost of any medications.			
As lawful consideration for the above mentioned membersky Mountain Ranch and to participate in their activities assigns will not make a claim against or sue the Ranch for the negligence or other acts, however caused, of or attribute Ranches from all actions, claims, or demands, that whereafter have for injuries or property damage or loss of Agreement does not release the Ranches from liability amisconduct.	es, we hereby agree that we, or any injury (including fatal ributed to the Ranches. In ad we, our heirs, personal repres caused in whole or in part by	our heirs, personal representatives injuries) or damage or loss arising fi dition, we hereby release and disch sentatives, or assigns now have or n the negligence of the Ranches. This	i, and rom large nay

Date\_\_\_\_\_

Date\_\_\_\_\_

Parent's Signature\_\_\_\_\_

Parent's Signature\_\_\_\_\_