

CIRCLE LAKE RANCH, INC.
PHYSICIAN'S PERMISSION FORM FOR ALL PARTICIPANTS

I have examined the general physical condition of _____ and
find the said participant to be physically fit to participate in the
camp/horseback riding lesson or games competition activities as indicated by
the date of examination and by my signature. (Physical examination should
have taken place no more than one (1) year prior to participants' attendance
at camp/conference.)

Physician's Signature

____/____/____
Date of Examination

No participant shall be eligible to take part in the camp/horseback riding
activities or games competitions unless a licensed physician of medicine or
osteopathic medicine, a certified School nurse practitioner, or physician's
assistance has examined him/her.