



Horsemanship Registration and Release

Date: _____

Participant's Name: _____ Date of Birth: ____/____/____

Address:

Street: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ E-Mail: _____

Parent/Guardian Name: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR PARTICIPANTS

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Shepard Meadows to: secure and retain medical treatment and transportation, and if needed release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency, contact: _____ Phone _____

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician) in the event of illness or injury while on the property of the agency. *

Date: _____ Consent Signature(s): _____ / _____
Participant Signature Parent/Guardian Signature if Participant under 18 years of Age

IF YOU CHOOSE NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT/AID IN THE EVENT OF ILLNESS OR INJURY WHILE ON THE PROPERTY OF THE AGENCY, PLEASE REQUEST A NON-CONSENT FORM, WHICH REQUIRES NOTARIZATION.

Reviewed/Approved:
3/29/21



PHOTO & PUBLICITY RELEASE

Please Circle: I DO

I DO NOT

Consent to and authorize the use and reproduction by Shepard Meadows Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Participant, Parent or Legal Guardian if Participant is under 18 years of age

LIABILITY RELEASE: I acknowledge the risks and potential risks associated with horseback riding and working with horses, including grievous bodily harm. Additionally, I acknowledge that the participation in **any** activity on the farm comes with the risk of injury, as well as potential exposure to communicable diseases (including, but not limited to COVID-19 and its variants). However, I feel the possible benefits to myself/my children/my ward(s) are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Shepard Meadows Equestrian Center, Inc., its Board of Directors, Volunteers, and/or Employees for any and all injuries (including, but not limited to, personal injury, disability, illness, and death) and/or losses I may sustain as a participant in any activity at Shepard Meadows Equestrian Center (aka SMTRC) from whatever cause, including but not limited to, the negligence of these related parties. The undersigned acknowledges that he/she has read this Participant Registration & Liability Release form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

DATE: _____ SIGNATURE: _____

SIGN-UP FOR NEWSLETTERS AND EMAILS: _____ Yes _____ No