

CONSENT AND RELEASE

“Equine” means a horse, pony mule, donkey or hinny.

As legal guardian or parent of this student, I hereby consent to his/her participation in riding lessons conducted at Hunter’s Ridge Equestrian Center. I recognize that any activity in a barn or around a equine could result in an injury, and I hereby release Hunter’s Ridge Equestrian Center, Kathy Pitt, officials and employees and volunteers of any and all liability for any accident or loss which may occur to any participant , spectator, rider, guest, groom, attendant or other equine professional is liable for any injury, or death of, any participant in any activity at this center.

VA Code 3.2-6200-3.2-6203

MEDICAL TREATMENT RELEASE

If emergency care is required for _____ in conjunction with their participation in this activity, and if normal permission is not available in a timely manner, the undersigned authorizes emergency medical personnel to provide emergency medical care and consents to treatment by a physician and medical facilities if deemed necessary. Our facility is covered by Lords of London through Esquire. They deem it necessary for each participant in any equine activity to divulge any medical condition and medications being taken, in order to inform the medical professionals, in case family or emergency contact is not accessible. It is also important for our facility to safely provide instruction pertaining to any restrictions and or medication side effects the condition may have.

In event of an emergency, please contact:

_____	_____
Name	Relationship

Phone	

I have read CONSENT AND RELEASE and MEDICAL TREATMENT FORM and agree to all terms.

_____	_____
Rider/Participant	Date

Parent/Legal Guardian	Date

MEDICATION AND/OR MEDICAL CONDITIONS:
