

CONSENT AND RELEASE

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 horse could result in an injury, and I hereby release Hunter's Ridge Equestrian Center, Kathy Pitt, her officials, 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 employee, animal or equipment at this event. No equine activity, sponsor or equine professional is liable for any injury to, or death of, any participant in any activity at this center. Va. Code Ann. S3.1-796.130 (1994).

MEDICAL TREATMENT FORM

If emergency medical 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.

In the event of an emergency, please contact \_\_\_\_\_ at telephone( ) \_\_\_\_ - \_\_\_\_\_. Relationship: Parent  
guardianSpouseOther

If not available, then please contact: \_\_\_\_\_ telephone( ) \_\_\_\_ - \_\_\_\_\_. Relationship:parentGuardianspouseOther.

Physician's name: \_\_\_\_\_.  
Preferred medical facility \_\_\_\_\_.  
Health insurance company \_\_\_\_\_ . Policy number \_\_\_\_\_.  
Participant is allergic to \_\_\_\_\_  
Participant takes the following medication \_\_\_\_\_.  
List any known medical conditions \_\_\_\_\_.  
I have read this emergency medical treatment form and agree to all terms.

Signature of rider/participant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_