

RICESHORSES

Consent Waiver

I _____ (name of rider if 18 or older, otherwise Parent or Guardian name) do acknowledge and understand the risks and potential risks of horseback riding and the handling of horses. However, I feel that the possible benefits to myself / child / ward are greater than the risks assumed. I hereby, intend to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against "Rice's Horses & More Outreach" for any and all injuries and / or losses of myself / child / ward may sustain while participating in these events.

Rider's Name: _____

Signed: _____ Date: _____
(Parent / Legal Guardian Signature)

Consent Plan

Date intend to ride: _____

In the event emergency medical aid / treatment is required due to illness or injury during activities or while being on the property of the agency, I authorize the staff of "Rice's Horses & More Outreach" to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Rider's name: _____ DOB _____

Emergency Contact: _____ Phone #: _____

Health Insurance Carrier: _____ Group Id #: _____

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed 'life saving' by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Date: _____ Consent signature: _____