Rices Horses & More Outreach Consent/Waiver

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do acknowledge and understand the risks and potential risks of (name of rider if 18 or older, otherwise Parent or Legal Guardian name) 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" and for any helper(s) for any and all injuries and / or losses of myself / child / ward may sustain while participating in these events.

**Consent Plan:**

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.

1. Rider's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Rider's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Rider's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Rider's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Id # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

Consent/Waiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of rider if 18 or older, otherwise Parent or Legal Guardian name)

Consent/Waiver Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of rider if 18 or older, otherwise Parent or Legal Guardian name)

I acknowledge and understand that this waiver/consent form is valid for 365 days

from \_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Todays date)