

Rice's Horses and 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: _____ Group Id # _____

Emergency Contact (print): _____ Phone # _____

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed 'lifesaving' 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 a year from _____ to _____.

(Date) (Date)