



Rider Liability Release Form

For 2009

(Participant's name) _____ (age/adult)

(weight) _____ (birthdate)

In considerations of being permitted to participate among and on horses owned by Tom & Linda Watson of Pretty Pony Pastures LLC, on behalf of the person named above, I acknowledge and agree that:

1. There is risk of injury from the activities involved when riding or working around animals. The risks can include injury, paralysis or death.
2. By signing this release of liability, I understand and knowingly and freely assume all such risks waive and release forever all claims for damages against Pretty Pony Pastures, its owners, staff or volunteers for any and all injuries and/or losses that may result from this activity.
3. The possible benefit of participating in equine activities outweighs the risks assumed.
4. All rules and regulations, both posted and explained verbally will be followed.
5. This release shall be valid for all of 2009 sessions.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION BY ANYONE.

Signature: _____
(parent or guardian, if minor)

Street address: _____

City: _____ State: _____ Zip: _____

Home Phone number: _____ Cell Phone: _____

E-mail: _____

Health Insurance Company Name: _____

Policy number: _____

Date: _____

PHOTO RELEASE

I Do Do not consent to and authorize the use and reproduction by Pretty Pony Pastures LLC of any and all photographs and any other audio/visual materials taken of the named person for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

(over)

Information needed about participant (please describe if yes):

Is there any chronic problem or illness? Yes No _____

Is there any acute illness now present? Yes No _____

Has there been any treatment recently for
some medical problem? Yes No _____

Are there any allergies to medication
or local anesthetics? Yes No _____

Are there any allergies? Yes No _____

Date of last Tetanus shot _____

List any medications now being taken for treatment of any medical problems:

List any other special needs we need to be aware of (i.e. blind, deaf, prosthesis, etc.) or changes in health since last year's form was completed:

Consent Plan

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 emergency contact listed on this form is unable to be reached.

Date: _____ Consent Signature: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the activities associated with Pretty Pony Pastures or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____