

SEBRING STABLES
LESSON RELEASE FORM

RELEASE

I, the student, (or parent/guardian) recognize the inherent risk of injury involved in horseback riding/driving generally, and in learning to ride/drive in particular. In taking lessons at SEBRING STABLES or participating in Lesson Program activities, I assume any and all such risk of injury and further, I voluntarily release SEBRING STABLES, its owners, instructors, employees and agents from any and all responsibility on account of any injury I (or my child or ward) may sustain while on the premises of SEBRING STABLES or participating in Lesson Program activities, and I agree to indemnify and hold harmless SEBRING STABLES, its owners, instructors, employees and agents on account of any such claim.

Signed: _____ Student (Parent/Guardian)

Date: _____

ATTENTION! Under Massachusetts law, a participant in equine activities assumes the risk of any injury, harm, damage, or death and legal responsibility that may occur to participant resulting from the inherent risks associated with equine activities. Pursuant to the law, equine professionals are not liable for damages resulting from the inherent risks of equine activities.

MEDICAL AUTHORIZATION

In the event that the above named Student requires medical treatment on account of any accident or injury which may occur in connection with any activities at SEBRING STABLES or of the Lesson Program, the staff/instructors of SEBRING STABLES, and its owners are hereby given full authority to engage any necessary emergency medical services for the above named Student including the administration of anesthesia, in the event the Student is not able to act for himself/herself (or in the absence of a Parent or Guardian)

I, (the above named Student) am allergic to the following medications (if none, so state)

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship _____ Phone _____

I/we have read this Student release carefully and fully understand the contents of this document. Furthermore, I/we agree to the contents of this document.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Instructor: _____ Date: _____