

# Harmony Hill

## Liability Release and Waiver

**It is hereby agreed as follows:**

Horseback riding is a hazardous activity and involves the risk of injury and/ or death. Horses, even well trained ones, can react unpredictably such as rearing, bucking, bolting, kicking, falling, biting, running you down, etc. I, the undersigned, recognize and acknowledge that riding involves a substantial risk of personal injury to me or my minor child. Although I understand that Sarah Moulton of Harmony Hill, will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent to participating in this activity.

Being fully aware of the risks, I hereby give consent for (minor or self), \_\_\_\_\_, to participate in this activity on or around horses, and will not hold Sarah Moulton of Harmony Hill, responsible for any loss, accident, bodily injury, death, or property damage. I personally assume all risks, foreseen and unforeseen, when involved with horses at Harmony Hill or at an off-site event, and waive my right and the rights of any third party (family, heirs, or assigns) to bring any legal action against Sarah, Ron, or any agents of Harmony Hill. The undersigned expressly agrees that this waiver, and indemnity agreement is intended to be as broad and inclusive as permitted under law, and its intent is to protect from liability the family Sarah Moulton at Harmony Hill, 737 Bush Point Road. Freeland, WA.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Rider \_\_\_\_\_

Rider's Name \_

### Emergency Phone Numbers

**Person(s) to Contact**

**Phone Number**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child may receive: Homeopathic Remedy \_\_\_\_\_

# Harmony Hill

## Consent for Medical Treatment for Minor Children

Medical Release for: \_\_\_\_\_ Birth date: \_\_\_\_\_

We/ I, \_\_\_\_\_ the parent and/ or legal Guardians of the minor named above, in the event of an accident or illness, give our consent for any emergency medical or Dental treatment to be given to our child if his or her personal safety and well-being is endangered and a qualified medical practitioner deems such medical treatment to be advisable. This Authorization is given in advance of any specific emergency. We recognize that a reasonable effort will be made to contact the parent or guardian immediately. However, I authorize Sarah Moulton of Harmony Hill, to seek necessary medical treatment and transportation for our child, until we are available. We/ I understand that should medical emergency treatment or transportation be required, that I, the Parent or Guardian, hereby agree to bear all costs incurred.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parents Names \_\_\_\_\_

Address(s) \_\_\_\_\_

\_\_\_\_\_

Phone(s) \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Note any allergies or medical conditions: \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

### Emergency Phone Numbers

**Person(s) to Contact**

**Phone Number**

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