

SMOKE TREE RANCH STUDENT RELEASE FORM

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP CODE _____ HOME NUMBER _____

WORK NUMBER _____ MOBILE NUMBER _____

PARENT/GUARDIAN _____ EMERGENCY NUMBER _____

INSURANCE COMPANY & POLICY NUMBER _____

DOCTOR NAME & NUMBER _____

GENERAL RELEASE – PLEASE READ CAREFULLY:

I/We hereby agree to assume all responsibility and risk from the participation in equestrian activities at Smoke Tree Ranch and further agree to hold harmless all instructors, teachers, trainees and employees free from all damages or liability for any injury to person or property arising as a result of this participation. In addition, I/We understand by signing below that horses are animals and can be dangerous and unpredictable at any given time. Riding and jumping horses present inherent risks.

DATE _____ STUDENT _____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18) _____

The undersigned, parents of the student (a minor), do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor/student under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage the Smoke Tree Ranch staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonable and necessarily incurred.

DATE _____ STUDENT _____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18) _____