

Minor Information and Medical Release Form

Name of Minor: _____ Birthdate: _____

Address: _____ Cell #: _____

City/State/Zip: _____

REQUIRED - Best Email for Communication: _____

Mother: _____ Home #: _____

Address: _____ Work #: _____

City/State/Zip: _____ Cell #: _____

Father: _____ Home #: _____

Address: _____ Work #: _____

City/State/Zip: _____ Cell #: _____

Other relative/guardian to contact in case of emergency:

_____ Home #: _____

Relationship: _____ Work #: _____ Cell #: _____

Allergies: _____ Last Tetanus: _____

Chronic Illness: _____ Disability: _____

Regular Medication: _____ Blood Type: _____

Minor's Physician: _____ Phone#: _____

Insurance Co: _____ Policy#: _____

Release for Medical Treatment:

I, _____, parent of _____, a minor, authorize Shelly Kerron or any authorized agent of LEGACY HUNTERS AND JUMPERS, INC. to consent to emergency medical treatment on behalf of the above named minor.

X _____ Dated this ___ day of _____, 20 ____.

Mental, Emotional and Social Health: Check **Yes** or **No** for each statement.

Has the rider:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?
Yes___ **No**___
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?
Yes___ **No**___
3. During the past 12 months, seen a professional to address mental/emotional health concerns?
Yes___ **No**___
4. Had a significant life event that continues to affect the rider's life?
Yes___ **No**___

Please explain **Yes** answers in the space below:

What have we forgotten to ask? Please provide in the space below any additional information about the rider's health that you think is important or that may affect the rider's ability to fully participate in the program.

I certify that the above information is true and correct to the best of my knowledge.

Date: _____

Signature of Student or Parent

Release and Hold Harmless Agreement

The Undersigned assumes the unavoidable risks inherent in all horseback related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator.

In consideration, therefore, the privilege of riding and/or working around horses at Legacy Hunters & Jumpers, Inc., located at 19802 NE 148th St, Woodinville, WA, the Undersigned does hereby agree to hold harmless and indemnify Shelly Kerron, Legacy Hunters & Jumpers, Inc, and their agents, employees, successors and assigns and further release them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

I, the Undersigned, have read this RELEASE and understand all its terms. I execute it voluntarily and with full knowledge of its significance. If signing for a Minor Child, I certify that I am the custodial parent/and or legal guardian.

Signature

Print Name of Minor Child

Print Name

Address

City/State/Zip

Date

LEGACY

Hunters & Jumpers

P.O Box 2168 Redmond, WA 98073