

Whipple Creek Farms

Emergency Contact and Medical Information

Name

Date of birth

Address:

Street

City

State

Zip

Phone(s): Home

Cell

Emergency Contact:

Phone(s): Home

Cell

Emergency Contact:

Phone(s): Home

Cell

Physician

Phone:

Insurance
Carrier

ID#:

Hospital:

Group #:

Allergies:

Blood type:

Medical Concerns

Emergency Treatment Authorization

I hereby certify that I am the parent/legal guardian of the participant and give my consent for participation in the provided activities. In the event that I cannot be reached in an emergency,

I give permission to any licensed medical professional to secure proper treatment including injection and anesthesia. I also hereby state that my child is free from communicable diseases, has received all required immunizations, and has submitted in writing to staff any allergies in case of emergency medical treatment.

Phone(s): Home

Name of Rider or Parent/Legal Guardian

Cell

Signature of Rider or Parent/Legal Guardian

Date

WC Farms – Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

BY SIGNING THIS AGREEMENT, YOU AND YOUR CHILD ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF THE STABLE (Whipple Creek Farms); IT'S OWNER, EMPLOYEE, AND AGENTS ("THE RELEASEES").

I, _____ on behalf of myself (and my minor child) _____
[Print First and Last Name] [Print Child's Name]

Address: _____
Street City State Zip

In consideration for allowing me (or my minor child) to handle and ride a horse and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assigns, I HEREBY:

Acknowledge that a horse may, without warning or apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break; all of which may cause the rider to fall or be jolted, resulting in serious injury or death. –

ACKNOWLEDGE THAT HORSEBACK RIDING IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature of horses, regardless of their training and past performance.

Voluntarily assume the risk and danger of injury or death inherent in the use of the horse, equipment, and gear provided to me by Whipple Creek Riding Center, hereinafter referred to as the Stable.

RELEASE, DISCHARGE AND PROMISE NOT TO SUE the Stable, doing business under its own name or any other name and/or any of its owners, officers, employees and agents (hereinafter the "Releasees"), for any loss, liability, damages, or cost whatsoever from any loss, damage, or injury (including death) to my person or property.

Release the Releasees from any claim that such Releasees are or may be negligent in connection with my riding experience or ability including but not limited to training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction or riding skills or leading and supervising riders.

The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by the State of Washington and is intended to be as broad and inclusive as is permitted by Washington Law (RIDE AT YOUR OWN RISK), and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Stable or its owner, agents, employees, for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees and costs incurred by the Stable in defending such an action.

State that I am not now pregnant and that I have no history of epileptic seizures, heart condition, or any other medical problem that could be affected by horseback riding.

IT IS MANDATORY THAT ALL RIDERS WEAR PROTECTIVE HELMET.

If the person who is to enter into this Agreement is less than eighteen (18) years of age, his/her parent or guardian must read this Agreement and sign below on the behalf of the minor.

I have read this entire Release of Liability Document. I understand it is a promise not to sue and to release the stable, its owners, employees, and agents for all claims. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Releasees allowing me or my child to ride or handle a horse.

Individual Signature *Date*

Signature of Parent or Guardian *Date*

Witness Signature *Date*