Liability and Medical Release Agreement

 The UNDERSIGNED rider, horse owner, handler or land owner(s), landowner guests, tenants, associates, employees, family members, contractors, agents, representatives, heirs, or anyone acting on the behalf of the land owner; recognizes the dangers inherent in all activities involving horses, animals, or other livestock. Therefore, and for valuable consideration, the undersigned hereby releases and discharges Arrowhead Creek Stables, LLC, Tara Rattray, family members, employees, agents, and contactors from any and all liability, or causes of action arising from any personal injury, injury to horses or property, property damage incurred as the result of the acts or omissions of Arrowhead Creek Stables, LLC or the above referenced parties. The undersigned agrees to hold Arrowhead Creek Stables, LLC or above referenced parties harmless and to assume the personal risk of all injury or death to themselves or their horse(s), members of their family, and/or guests, or property loss which may be incurred to themselves, members of their family, and/or guests. This agreement will also act as a medical release giving Arrowhead Creek Stables, LLC, or Tara Rattray the permission to acquire medical attention in the case of accident and injury while on the property.

1. I understand that I am to wear an equestrian helmet that fastens securely underneath the chin while working around or riding horses while under the age of 18 or in any event where I am on the hacking trails and/or schooling over fences, jumps, etc. regardless of age.
2. I understand that I am to wear hard soled fully enclosed shoes or boots and sock to protect feet, and long pants to protect legs while working around or riding horses.

This agreement will stay into affect as long as I am on the Arrowhead Creek Stables, LLC premises, have a horse(s) boarded or in training with Arrowhead Creek Stables, LLC and/or while I am taking lessons or riding of any kind with Arrowhead Creek Stables, LLC, or Tara Rattray, including outside shows, clinics, camps, etc.

Please list any medications taken, diseases, disorders, medical history that would need to be addressed if medical treatment were necessary on the back of this form.

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| NAME (PRINTED) |  | SIGNATURE |
| PARENT OR GUARDIAN (PRINTED) |  | SIGNATURE |
| ADDRESS |  | DATE |
| CITY, STATE, ZIP CODE |  | PHYSICIAN |
| TELEPHONE |  | PHYSICIANS PHONE NUMBER |
| EMERGENCY NUMBER |  | INSURANCE INFORMATION |

**ARROWHEAD CREEK STABLES, LLC AND ANYONE REPRESENTING THEM HAS THE RIGHT TO SEEK THE NEAREST MEDICAL ATTENTION IN AN EMERGENCY.**