

# *Kristan Mosley's Therapy Farm*

## Emergency Medical Information and Liability Release Form

PLEASE READ CAREFULLY BEFORE SIGNING, SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. WHITE FOX E.C, KRISTAN MOSLEY'S THERAPY FARM AND YOUR INSTRUCTOR DO NOT GUARANTEE YOUR SAFETY. White Fox E.C. and Kristan Mosley's Therapy Farm ask that all students, boarders, and visitors riding at our facility have this form filled out and signed, so that we will have the necessary information in case of an emergency.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Nearest Relative or Friend: \_\_\_\_\_ Other Emg. Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

If in the event of an emergency, and we are unable to contact parents or physicians please give us your preference for hospital, ambulance, etc. Please list any special conditions, allergies to drugs or any medications, etc., which a physician should know about before administering treatment of any kind: \_\_\_\_\_

## **RELEASE AND HOLD HARMLESS AGREEMENT**

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

In the consideration, therefore, for the privilege of riding and/or working around horses at **White Fox Equestrian Center and Kristan Mosley's Therapy Farm** located at **510 Sunset Lane South Fayette, PA 15031**, the Undersigned does hereby agree to hold harmless and indemnify Owners and Instructors 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(or parent/guardian if under the age of 18)