

**PARTICIPANT RELEASE**

(To be completed by the participant's parent/legal guardian)

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant's Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_ lbs

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother's Information:**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Indicate:  HOME  CELL  WORK

Secondary Phone: \_\_\_\_\_ Indicate:  HOME  CELL  WORK

Preferred Email: \_\_\_\_\_ Indicate:  PERSONAL  WORK

**Father's Information:**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Indicate:  HOME  CELL  WORK

Secondary Phone: \_\_\_\_\_ Indicate:  HOME  CELL  WORK

Preferred Email: \_\_\_\_\_ Indicate:  PERSONAL  WORK

In the event I cannot be reached,

contact: \_\_\_\_\_ Phone: \_\_\_\_\_

contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies (medication, etc.): \_\_\_\_\_

**Emergency Medical Treatment:**

I, the undersigned, as parent or legal guardian of \_\_\_\_\_

DO  DO NOT

consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Saddle Up!. Consent for emergency medical treatment authorizes Saddle Up! to secure and retain medical treatment and transportation if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. If you choose DO NOT consent you will be required to meet with the Executive Director.

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

Print Name: \_\_\_\_\_

**Publicity Release:**

I, the undersigned, as parent or legal guardian of \_\_\_\_\_

DO             DO NOT

consent to and authorize the use and reproduction by Saddle Up! of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

**Release and Indemnity Agreement for Participants**

I, the undersigned, as parent or legal guardian of the designated participant, for and in consideration of the agreements of Saddle Up! to provide riding instructions, facilities and horses to the said minor, does/do hereby forever release, acquit, discharge, indemnify and hold harmless Saddle Up!, its officers, directors, trustees, agents, employees, representatives, successors and assigns and including all volunteers assisting them, for all manner of claims, demands, suits and damages of every kind and nature, which the undersigned or the said minor may have against Saddle Up!, its officers, directors, trustees, agents, employees, representatives, successors or assigns, or volunteers on account of any personal injuries, physical or mental condition, known or unknown, to the undersigned or the said minor, or the treatment thereof or any other damage arising as a result of or in any way connected with the acts of Saddle Up!, its officers, directors, trustees, agents, employees, volunteers, successors or assigns, including but not limited to, their negligence in rendering the services above described or in any way incidental thereto, including, but not limited to, the providing of any animals for such riding instruction or riding.

If any provision of this Release Agreement shall be deemed invalid or unenforceable under applicable law, such provision shall be ineffective only to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the remaining provisions of this agreement.

**WARNING**

Under Tennessee law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, Title 44, Chapter 20, Section 1.

Participant Name (Please Print): \_\_\_\_\_

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