



LEG UP EQUESTRIAN

Cathy Kodell – Director (704) 887-1123
8801 Collins Rd. | Fort Mill, SC 29707

2016-17 Release Form &

Medical Waiver - Permission to Treat

(students over 18)

Student Name: _____

hm phone: _____

Birthdate: _____ Age: _____

cell: _____

Address: _____

work: _____

City, State, Zip: _____

e-Mail: (Please PRINT clearly!)

Additional Emergency Contact _____ phone: _____ relation: _____

Please indicate **any** medical, physical, or emotional conditions that may affect participation in this program:

Does the student have any severe reactions to bee stings or insect bites?

Permission to treat and provide medical attention - Medical Waiver

I understand horseback riding and participation in this program can be a dangerous and risky activity. Accidents can occur which require medical attention and treatment. In consideration for participation in this program, I understand and willingly accept this risk, and agree to cover any out of pocket expenses, including insurance deductibles, for medical treatment. | ***In the event that I am incapacitated or unable to give consent due to medical condition:***

I (student name) _____ give full permission to receive medical attention and treatment as needed.

Signature _____ date: _____

Photo Release: I agree that Leg Up Equestrian may use photos/images/videos of this student for any lawful purpose, including for example such purposes as publicity, advertising, Leg Up Equestrian Social Media and Web content on legupequestrian.com. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Liability Release: I agree to follow all safety rules and guidelines imposed by Cathy Kodell, Director and Leg Up staff. This includes always wearing a FEI/ASTM approved, properly fitted safety helmet with a buckled harness when on the horse. I understand that participation in a Horseback Riding Lesson Program, both mounted and un-mounted, can be a dangerous and risky activity. I realize that accidents can occur when on OR around horses. I further understand that horses, because they are large, live animals with unique personalities, can be unpredictable, and without provocation may still kick, bite, step on, and/or can spook or shy if startled or scared. I also understand there is additional risk associated with activities conducted in an outdoor rustic farm/barn setting. I have been informed of these dangers, and in consideration for participation in this program, I understand and willingly accept this risk.

South Carolina State Provision "Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to article 7, chapter 9 of title 47, code of laws of South Carolina, 1976."

I have read the above carefully, and agree not to hold Cathy or S Scott Kodell, the owners of the facility or stable where I am riding, the owner(s) of the horse, the volunteers or assistants, or any other person responsible or liable for any accident or injury I sustain while on their property or participating in any activity with horses.

Signature _____ date: _____