



Everlong Equestrian Centre, Inc. RELEASE AGREEMENT AND ASSUMPTION OF RISK

IN CONSIDERATION of the covenants herein contained and agreement with Everlong Equestrian Centre, Inc., it's officers, agents and employees, for My
Child My Ward (check one)

(Insert Full Name)

to receive instruction in horseback riding and all activities incidental thereto, or to engage in horseback riding at the Everlong Equestrian Centre, Inc., I do hereby release and discharge Everlong Equestrian Centre, Inc., its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have, or claim to have, against Everlong Equestrian Centre, Inc., it's agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical or otherwise conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of Everlong Equestrian Centre, Inc. and to obey the instructions of the staff. I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

(Printed name of - Parent/Guardian) _____

(Signature - Parent/Guardian) _____ date _____

MEDICAL CARE INSTRUCTIONS

In the event of a medical emergency, Everlong Equestrian Centre, Inc. and its staff has my permission to seek medical care for: (Rider's Name) _____

Insurance Information: _____

List any allergies/Medical Instruction: _____

As needed, Everlong may give me, or my child the following: (check allowed) Benadryl (oral, for insect bites), Children's Tylenol, Children's Advil, Sunscreen, Topical Sting Medication.

In the event of a medical emergency that requires ambulatory transportation, I request that (the camper) be taken to: Hospital/Medical Facility: _____

Primary Physician _____ phone # _____

Signature _____ date _____

