



(575) 201-8159

Medical Emergency Release Form

Child's Name: _____ Age : _____

Medical/Allergies/Health Concerns: _____

Child's Name: _____ Age.: _____

Medical/Allergies/Health Concerns: _____

Medical Insurance Co.: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Hospital Preference: _____

Primary Emergency Contacts: In case of emergency, all attempts will be made to contact one of the persons listed below as soon as possible.

Name _____ Phone: _____

Relationship to child: _____

Name _____ Phone: _____

Relationship to child: _____

Child Pick Up Authorization:

Name: _____

Relationship to child: _____ Phone: _____

Name: _____

Relationship to child: _____ Phone: _____

Code of Conduct: Miller Horse Farm "Horse 101" Camp encourages a safe and healthy atmosphere. Children have to follow all instructions of MHF staff. MHF reserves the right to refuse a child to ride a horse or engage in equine activities if he/she does not follow the instructions given or behaves in a way that endangers his/her safety. MHF reserves the right to refuse a child to return for any of the above mentioned behaviors that will endanger the child/children or instructor's safety. No refunds will be given. **Any use of MHF facility is at OWN RISK!** MHF is not responsible for an injury or death of a participant in MHF activities. In consideration of my child's participation in the sponsored activity, I hereby release, hold harmless, and discharge MHF, its elected official, officers, employees, agents, representatives, and assignees from any and all claims for personal injuries and damages. Parent, or legal guardian, agrees to pay legal fees incurred by MHF in defense of any claim made by parent, or legal guardian, against MHF. I have read and agree to the MHF Code of Conduct and accept responsibility for any acts on behalf of my child in violation of this code.

Parent/Guardian Signature: _____

Minor's Waiver and Release Form

I do hereby for and on behalf of myself, my minor child, and my heirs release and forever discharge Miller Horse Farm, their owners, directors, officers, agents, representatives, employees and volunteers, and individually Lori Smith, Joy Conard, Wacey Lloyd, and Victoria Dawn as the instructors, and other local government/city agencies with whom the previously mention parties contract or do business from any and all claims and demands of every kind, nature and character which I or my minor child may have, or may hereafter acquire, for any and all damages. Losses or injuries, or death, which may be suffered or sustained by me or my minor in connection with any activities in any way related to the afore mentioned and all such claims are hereby waived and released, and I covenant not to sue therefore. I understand and fully assume all risks and hazards incidental to horseback riding and related activities.

I understand that travel to and from and participation in horse related activities, including horseback riding, have inherent dangers that could result in property damage, severe personal injury, including a serious accident or loss of life, no matter how well the activity is supervised. I accept full responsibility for all children brought to Miller Horse Farm by me or anyone that I have authorized for child pick-up, whether or not they are participating in the farm activities. Also I accept full responsibility for Risks, known and unknown and I agree to indemnify Miller Horse Farm and all of their owners, directors, officers, agents, representatives, employees and volunteers; and individually Lori Smith, Joy Conard, Wacey Lloyd, and Victoria Dawn as the instructors, individually and also landowners and adjacent landowners, and other local government/city agencies with whom the previously mentioned parties contract or do business, from any costs or liability associated with any accident or illness involving the below named rider or any guest or member of my family. This Waiver and Release also applies to claims arising out of, or relating to, negligence by Miller Horse Farm.

_____ PHOTO RELEASE: I give permission for photographs taken of me or my child while participating in this activity to be used in marketing and/or public relations material.

Name of minor child/children covered by this waiver (please print)_____

Parent's or Guardian's name (please print)_____

Parent's or Guardian's signature_____

Date_____

Address (street, city, state & zip)_____

Helmets

I understand that my minor child will be required to wear a helmet provided at no cost to me, and I do not object to this condition. Please initial_____

THIS BINDING LEGAL AGREEMENT AFFECTS IMPORTANT LEGAL RIGHTS. I HAVE READ AND UNDERSTOOD THIS DOCUMENT AND AGREE TO BE BOUND BY IT. Please initial _____