

# STONERIDGE EQUESTRIANS RELEASE FORM

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Physician/phone \_\_\_\_\_

Allergies \_\_\_\_\_ Chronic Illness \_\_\_\_\_

Regular Medication \_\_\_\_\_

Blood Type \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Mothers work phone# \_\_\_\_\_ Cell phone \_\_\_\_\_

Fathers work phone# \_\_\_\_\_ Cell phone \_\_\_\_\_

## GENERAL RELEASE – PLEASE READ CAREFULLY

This agreement is made and entered into this \_\_\_\_\_ (date) by and between Daria Nordness and \_\_\_\_\_ herein called the “undersigned(s)”. The undersigned(s) or parent or guardian hereby understands and agrees to release and hold harmless Daria Nordness against any and all forms of liability and medical claims including bodily injury, personal injury, death and property damage, which involves animals owned or controlled by the undersigned(s) and including horses owned and not owned by Daria Nordness or on behalf of any persons, relative(s), corporations(s), arising out of or while entering, or occupying, using, boarding, training, horseback lessons or riding within the legal confines of the property. I agree to hold Daria Nordness, and owners of horse, facilities, and equipment used, harmless for any accident, injury, of any and all legal responsibility.

By \_\_\_\_\_ By \_\_\_\_\_  
Signed and accepted by the undersigned (if under 18, parent or guardian must sign)

The undersigned, parents, of student, a minor, do hereby consent to any x-ray examination, anesthetist, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instruction of any physician or hospital. It is understood that this consent is given to encourage Daria Nordness, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis to treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonable and necessarily incurred.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

\_\_\_\_\_  
\*Signature of parent or Guardian (required if student is under 18)