



MEDICAL / LIABILITY RELEASE 2009 – adult



If medical care is required for _____ (name), the undersigned authorizes appropriate care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment and agrees to hold harmless, the above, Tauni Wylie-Beckmann and So Cal Eventing, its owners and staff, and agrees to pay personally, or thru insurance, the incurred expenses.

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Spouse (or other adult) to be notified if needed,

Contact: _____ Relation: _____ Phone: _____

I am allergic to: _____

I take the following medications: _____
_____ for: _____

My birth date is: _____ Age: _____

Date of last tetanus immunization is: _____

I am covered by the following medical insurance: _____

Policy Number/Medical Record Number: _____

Provide Xerox copy of card front and back. (Required if you ever come by yourself to ride with Instructor)

Special Instructions: (fears, concerns, medical information, etc.): _____

The undersigned hereby agrees, understands and acknowledges the following:

I understand and take all responsibility to ride at my own facility as well as other facilities (for horseshows, schoolings, or clinics) or participate in group activities (i.e. trail rides, etc.) and agree to hold harmless Tauni Wylie-Beckmann & So Cal Eventing. I ALSO UNDERSTAND & AGREE THAT HORSES ARE DANGEROUS AND OFTEN UNPREDICTABLE ANIMALS. ANY ACTIVITY UNDERTAKEN AROUND OR NEAR HORSES CAN LEAD TO BODILY INJURY OR DEATH EVEN IF PROPER CARE IS TAKEN.

It is understood that Tauni Wylie-Beckmann or So Cal Eventing cannot carry enough insurance, nor has the assets to provide medical care for yourself, your child (children) or your guests should an accident occur. It is required that you provide current medical insurance coverage for yourself, your child (children) & your guests and be responsible for their care and expenses should medical attention be required. I also understand it is my responsibility to provide So Cal Eventing with my current medical insurance information (also whenever there is a change).

I, THE UNDERSIGNED, VOLUNTARILY, WILLINGLY, AND KNOWINGLY ASSUME ALL RISKS AND LIABILITIES.

IT IS AGREED THAT I WILL FOLLOW ALL RULES AND DIRECTIONS,

I HAVE READ THIS ENTIRE RELEASE AND I AGREE TO IT:

Signature _____ Date _____

Email address: _____