

**SAGEBRUSH ARENA AND  
SAGEBRUSH EQUINE TRAINING CENTER FOR THE HANDICAPPED**

**Release of Liability--Minor**

I, the undersigned, for myself and on behalf of my child, \_\_\_\_\_ (“child”) warrant and agree that I will make no claim or file suit for any injury to person or property, or for any loss or destruction of any article of any kind or nature in connection with the participation of me and/or child at the Sagebrush Arena and of participation in the programs of the Sagebrush Equine Training Center for the Handicapped (“SETCH”). I understand that neither the Sagebrush Arena nor SETCH nor their respective officers, directors, employees, volunteers or agents accept any responsibility for accidents, damage, injury or illness to the riders, horses, members, sponsors, agents, spectators or any other person or property owner in connection with operation of the Sagebrush Arena. As a condition of using the facilities of the Sagebrush Arena and the programs of SETCH, I hereby waive, on my own behalf and for the child, all claims arising out of any act or omission of the Sagebrush Arena and/or SETCH and their respective officers, directors, employees, volunteers and agents. I understand that there are inherent risks in any participation and those risks are assumed by me for myself on behalf of my child. I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. For myself and on behalf of the child, we fully assume the responsibility for the risk of injury or death caused by my and/or the child’s contact with horses and horseback riding. I, and on behalf of the child, completely release the Sagebrush Arena and SETCH and their respective officers, directors, employees, volunteers and agents from any and all liability for any and all injuries or death to either of me or to the child caused by my and/or child’s contact with horses and/or horseback riding. Signing of this form binds me and child to this hold harmless agreement. Furthermore, I give permission for the Sagebrush Arena and SETCH staff to discuss with any referring parties how this program can benefit me or my child. I understand that there is physical contact between the student, the instructor, and volunteer during a therapeutic riding session.

This document shall be constructed under the laws of the State of Idaho.

Participant’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/guardian)

Witness \_\_\_\_\_ Date \_\_\_\_\_

I hereby grant The Sagebrush Arena and SETCH permission to take or have taken still or moving photographs and authorize the Sagebrush Arena and SETCH to reproduce said photographs and use them at their discretion.

**Consent for photographs: YES \_\_\_\_\_ NO \_\_\_\_\_**

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/guardian)

## Authorization to Arrange Medical Care

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (hm): \_\_\_\_\_ (cell): \_\_\_\_\_

Address(if diff from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (hm): \_\_\_\_\_ (cell): \_\_\_\_\_

Address(if diff from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

As a parent/guardian of \_\_\_\_\_, or myself as a rider, I hereby authorize the Sagebrush Arena and SETCH staff members to obtain medical aid for the above named person or myself. I understand that this authorization will be used only in the case of an emergency, and if the speed of treatment is essential to the well-being of my child or myself in the case of an injury, my child or I will be taken to the nearest hospital. I also understand that I release the Sagebrush Arena and SETCH staff from any and all liability for any decision made in regard to my child's or my injury, care or hospitalization. If I do not consent to authorize the Sagebrush Arena and SETCH staff to arrange medical care, I will specify in writing that will then be attached to this release form as to our desired course of action.

Preferred medical facility: \_\_\_\_\_

Health insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case one of us cannot be reached, the following adult should be contacted:

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

Any pertinent medical information, medications, drug allergies, etc. about you or your child in case of an emergency: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(parent/guardian)