

West Ridge Equestrian Center

Day Camps:

Include session date you wish to attend: _____

Medical Release and Consent Form: for West Ridge at 46875
252nd St. Baltic, SD. 57003.

Participants Name: _____

Address: _____

Birthdate: _____ Sex: _____ Home Phone: _____

Medications: _____

Insurance Information:

Health carrier: _____

Policy #: _____

If an emergency situation occurs, we will make every effort to contact the parents or legal guardian.

Parent/Guardian consent to Medical, Dental, or Hospital Care.

Limited purpose power of attorney: Consent to treat a minor

I, _____ Parent/Guardian am the parent or legal guardian of _____. I consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any e-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

I give permission/power to a staff or adult volunteer of West Ridge on behalf of all emergency treatment, medical care or dental treatment of _____ (child's name)

Waiver Release:

I the undersigned parent or guardian represent that he/she has read this release, understand, know and is fully aware of the potential dangers/risks of engaging in a horse activity I assume all risks associated with such dangers and activities, and is fully aware of and understand the terms and legal consequences of the signing of this release. The undersigned parent or guardian intends his or her signature to be complete and unconditional release of all liability to West Ridge Equestrian Center

I am the parent or legal guardian of: _____ child's name

I am 18 years old or older. I have read and understand the terms of this agreement.

Parent Signature: _____

Child is required to wear helmet at Camp.

Child(s) T-shirt size youth **S**_____ **M**_____ **L**_____