

## Stajduhar Stables Release of Liability

**Name of Rider** \_\_\_\_\_

Stajduhar Stables, or its officers, members, employees and agents will not be responsible for any damages to person, animal or property at Stajduhar Stables its grounds, nor will they be responsible for any property lost or destroyed. The undersigned rider/parent/ guardian or volunteer hereby releases Stajduhar Physical Therapy, its officers, members, employees and agents from any and all liability, claims, and damages whatsoever (including costs, expenses, and attorney's fees) that might result from damages, injuries, or losses to their person or property during, or in connection with, or arising out of any show, clinic, event or function, whether or not such damages, injuries, or losses result or indirectly from the negligent act or omission of such released parties.

***Warning: Under Texas Law (Chapter 87, Civil Practice and Remedies Code), An Equine Professional Is Not Liable For An Injury To Or The Death Of A Participant In Equine Activities Resulting From The Inherent Risks Of Equine Activities.***

In exchange for the use of property owned by Stajduhar Stables and other valuable consideration, I agree that my use of the premises and any animals, facilities, or equipment owned by Stajduhar Stables is at my own risk. I further agree to indemnify and hold harmless Stajduhar Stables, their respective officers, members, employees, and agents from any and all suits, actions, or claims of any type arising from my use of the premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnifies parties or otherwise.

I acknowledge that riding and involvement with horses is a high risk activity. I have read this agreement and fully understand its content.

Please sign here: \_\_\_\_\_  
(Adult rider OR Parent/guardian/caregiver of minor child OR Volunteer)

## Stajduhar Stables Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Stajduhar Stables permission to take or have taken still and moving photographs and films, including television pictures and consents and authorizes Stajduhar Stables, its advertising agencies, news media, and any other persons interested in Stajduhar Stables and its work, to use and reproduce the photographs, films or pictures and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of Stajduhar Stables to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting Stajduhar Stables to its work.

I GIVE CONSENT: \_\_\_\_\_  
(Adult rider or parent/guardian/caregiver of minor rider)

DATE: \_\_\_\_\_

I DO NOT GIVE CONSENT: \_\_\_\_\_  
(Adult Rider or parent/guardian/caregiver of minor Rider)

DATE: \_\_\_\_\_

# Stajduhar Stables Consent for Emergency Medical Treatment

RIDER NAME \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Street) (City) (State) (Zip)

TELEPHONE \_\_\_\_\_ DOB \_\_\_\_\_

(Home) (Work)

RIDER'S DISABILITY \_\_\_\_\_ DATE OF ONSET \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHYSICIAN'S TELEPHONE \_\_\_\_\_

Person who is authorized to give temporary assistance or care in absence of parent or guardian:

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Describe any medical condition requiring special precautions or treatment and any medications and dosage:

A None \_\_\_\_\_

B Please describe \_\_\_\_\_

In case of medical emergency, the undersigned authorizes Stajduhar Stables to provide such medical assistance as they determine to be necessary. If the rider named above is younger than 18 years, the undersigned authorizes Stajduhar Stables, acting through the adult on its staff who has actual care, control and possession of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to Stajduhar Stables that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the child. The undersigned will indemnify and hold Stajduhar Stables, its officers, members, employees and agents harmless if he or she is not empowered by law to give this consent. The undersigned authorizes any licensed physician and /or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned. No person can be accepted for riding instruction or hippotherapy until this form has been completed by the parent/parents or guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Stajduhar Stables.

Yes, I would like \_\_\_\_\_ to have riding instruction or hippotherapy at Stajduhar Stables. If my child is a rider, I have discussed this with the rider's doctor. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, including Stajduhar Stables, in the event of any accident which may occur.

\_\_\_\_\_  
SIGNATURE OF PARENT/PARENTS OR GUARDIAN DATE

\_\_\_\_\_  
SIGNATURE OF RIDER IF OVER AGE 18 DATE

\_\_\_\_\_  
INSURANCE CARRIER POLICY NUMBER

## Authorization and Agreements for Camp Participation and Payment

1. I allow my child \_\_\_\_\_ to participate in equestrian activities at Stajduhar Stables.
2. I understand that I have to pay \$100.00 **non refundable** deposit to hold my child's place for Camp. The balance is due the first day of camp. No exceptions. Stajduhar Stables accepts cash, checks, and credit cards. A \$25.00 charge will be assessed on all returned checks.
3. All riders' shoes must be appropriate for horseback riding activities. No Crocs, slip-ons, sandals, flip-flops, or open toed shoes. Tennis shoes or boots only.
4. All riders need to bring a sack lunch. Snacks and water will be provided.
5. The barn is not responsible for lost, stolen, or damaged personal items.
6. Your rider needs to be picked up no later than 15 minutes after the end of camp. Parents will be charged \$1.00 per minute if late, unless other arrangements have been made with the instructor, prior to the class.

I HAVE READ AND FULLY UNDERSTAND THE AUTHORIZATIONS AND AGREEMENTS.

PATIENT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

LEGAL GUARDIAN  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Method of Payment ( ) cash ( ) check ( ) credit card  
**\$25.00 charge on all returned checks**

**Stajduhar Stables**  
**Summer Camp 2010**  
816 West L.D. Lockett  
Colleyville, TX 76034

**Rider Information**

Name: _____	Sex: _____	
Ht: _____	Wt: _____	Birthdate: _____
Complete Address: _____		
Home Phone: _____	Cell Phone: _____	

**Responsible Party Information**

Name: _____		
Complete Home Address: _____		
Employer: _____		
SSN#: _____	Birthdate: _____	Drivers License: _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____

**Emergency Contact Information**  
(other than responsible party)

Name: _____	Relationship: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____

**Please list current medications/reasons, allergies, and medical concerns:**

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**Riding Experience:**

Please briefly describe your child's experience with horses. Please include other camps, lessons, or disciplines (if known).

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**How would you classify your child's riding level? (Please circle)**

**Beginner**

**Intermediate**

**Advanced**

**What is your preferred camp session? (Please circle)**

June 7 - 11

Beginner

June 21 - 25

Beginner/Advanced

July 5 - 9

Beginner

July 12 - 16

"Advanced"

July 26 - 30

Beginner

August 2 - 6

"Advanced"