

SPRINGHILL STABLES - LIZ & JERRY COUZIN, OWNERS
5368 NW SPRINGHILL DR. ALBANY, OR 97321
(541) 928-8943 OR (541) 760-0039

LIABILITY WAIVER - REQUEST AND RELEASE

PLEASE COMPLETE ALL BLANK SPACES ON BOTH SIDES AND RETURN THE FORM TO LIZ OR JERRY. ONCE A FORM HAS BEEN COMPLETED AND IS ON FILE, IT IS NOT NECESSARY TO COMPLETE ANOTHER.

PLEASE INDICATE WHAT YOUR VISIT IS FOR: _____

I understand that this is an Equine Facility and accept that "ALL activities on these grounds are subject to the equine inherent risk law. ORS 30.687 - 30.697." And, by my presence on these grounds, I have indicated that I have accepted the limits of liability resulting from inherent risks of equine activities or **any** other activities involved on these grounds. I understand that this is Not a spectator area and that All persons in this area will be regarded as participants and limited by the Inherent Risks Law.

I, for myself, or on behalf of a minor child for whom I am a parent and/or legal guardian, hereby request permission of the above named Stable and its Owners to participate in agility, dock diving, barn hunt, or **any** other activities to be held on the Premises.

I have inspected the Premises and I know the risks and dangers involved in such activities as expected as well as unexpected danger may arise during such activities and I assume all risks of injury to my person or my dog(s) and property that may be sustained in connection with any activity conducted in and about the Premises.

In consideration of the permission granted to me above, I hereby, for myself, my heirs, administrators and assign, and if I am a guardian of a minor, for such minor, his heirs, administrators and assigns, hereby release and discharge the owners and operators of the Premises and their respective agents, officers and causes of action of any sort for whatever reason, including without limitation, negligence of his officers and officials.

I represent and certify that I am 18 years of age or older. I certify that my attendance and participation in the stated activities, or any other activities, is voluntary and that I am not in any way the employee or agent of the owners, operators, or sponsors of the Premises and the activities therein. The undersigned hereby agrees to hold harmless and indemnify Liz or Jerry Couzin and further release them from any liability or responsibility for any accident, damage, injury, or illness to the undersigned or dog or to any family member or other spectator accompanying the undersigned on the premises.

**I HAVE READ & UNDERSTAND THE FOREGOING REQUEST & RELEASE.
IN WITNESS WHEREOF, I HAVE EXECUTED THE REQUEST & RELEASE.**

Note: This form may restrict your legal rights. If you are concerned about any information contained in this form, you should obtain proper legal advise before signing or being on the premises in **any** capacity, whether as a participant or spectator.

Please Print Legibly.

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____

(If husband and wife, both must sign above.)

Guardian of : _____

(List any children/minors who may come out with you. Please also list ages of minor children.

If not your child, **their** parent/guardian must complete and sign a form.)

DOG INFORMATION (if more than one, list each):

NAME(S): _____

BREED(S): _____

AGE/SEX: _____

VACCINATIONS (date/type): _____

I certify that I am the actual owner of the dog, or that I am the duly authorized agent of the actual owner whose name is _____. I (we) agree to abide by the rules of Springhill Stables and respect the rules and regulations of each individual sport we may choose to participate in, and understand that it is my/our responsibility to know what those rules and regulations are. I (we) also agree that the dog(s) are not a hazard to persons or other dogs, and accept full responsibility for the actions of said dog(s).

Signature: _____ Date: _____

MEDICAL RELEASE

I hereby authorize the Stable, its Owners, their agents, managers, and employees to authorize medical treatment by a licensed physician or hospital (or veterinary treatment), for myself, and/or my child (or dog) in the event of an accident of injury, if they are unable to contact the person designated to be contacted in case of an emergency with reasonable speed, or if they reasonably believe the circumstances do not allow time for such contact; however, I am responsible for any and all costs/fees associated with any treatment and/or transportation.

**I HAVE READ & UNDERSTAND THE FOREGOING MEDICAL RELEASE.
IN WITNESS WHEREOF, I HAVE EXECUTED THE MEDICAL RELEASE.**

Name: _____ Address: _____

Phone #'s: Home: _____ Work: _____ Cell: _____

Signature (for yourself or as Parent or Guardian for a Minor Child: _____

If signing for Minor Child, name/age/relationship of child: _____

Emergency Contact Person & Telephone #: _____

Alternate Emergency Contact Person & Telephone #: _____

List Allergies for any Participant or Spectator on Premises: _____

List Health Insurance Info. (Company, Policy #, etc.): _____

If unable to contact any of the above, please indicate by circling either **yes** or **no**, if 1) we may transport to the hospital (for minor injuries), or 2) contact an ambulance to transport. 1) yes no 2) yes no

Please describe vehicles driven to Springhill Stables, including color, make and model (this is for identifying purposes only - ie: red, Honda Civic...): _____

**THANK YOU! ENJOY YOUR VISIT!!!
SPRINGHILL STABLES - LIZ & JERRY COUZIN, OWNERS**