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Sue Leiter Ippoliti Gary
Ippoliti
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HEALTH HISTORY
MEDICAL RELEASE FOR MINOR CHILDREN

I as the undersigned Parent and/or Guardian of the JUNIOR RIDER and minor child Name: (rider) _____ do hereby give to Gary Ippoliti and/ or Susan Ippoliti, as agents for FARRINGTON FARMS INC. full authority to make any and all decisions regarding medical treatment or care deemed necessary or advisable by them in the event of any accident my child is involved with while participating either directly or indirectly or in any manner associated with equestrian activity on the farm or at horse shows away from the farm, and/or traveling to and from the farm, and medical treatment to be rendered to the minor. If deemed as necessary, transportation to a recognized medical facility, to be under the general or special supervision of a licensed physician or surgeon will be arranged.

The undersigned parent or guardian agrees to defend at their own cost and to indemnify and hold harmless FARRINGTON FARMS INC., it's agents, employees from any and all liability, damages, losses, claims and expenses, howsoever caused resulting directly or indirectly from or connected with performance in this equestrian activity, irrespective of whether such liability, damages, losses, claims and/or expenses were actually or allegedly caused wholly or in part through the negligence of FARRINGTON FARMS INC. or any of it's agents, employees or other riders or horses.

The undersigned further acknowledges and agrees that they will be completely and wholly responsible for the payment of any and all such medical bills and do further hereby agree to fully indemnify, release and hold harmless FARRINGTON FARMS INC., it's agents, employees, officers and operators from any liability or claims that may arise out of the child's injuries or medical treatment or care given as a result thereof.

TO WHOM IT MAY CONCERN:

In the event of an emergency I give my power of attorney to the adult agent of FARRINGTON FARMS INC. to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor, at a recognized medical facility, and/or under the general or special supervision of a licensed physician or surgeon. My approval of participation is my assurance that I know of no reason why my child should not participate in any equestrian activity. I certify that the following medical information is complete and accurate.

The health of any minor is primarily the responsibility of parents and/or guardians.
Please complete all information

Date of last Tetanus vaccination: _____
Allergies, if any: YES_____ NO _____
If so what allergies: _____
_____
Disabilities: _____
_____

Is child restricted from participating in any physical program: YES _____ NO_____
If so what restrictions: dietary or physical _____
_____
Does child require regular medication: YES _____ No_____
If so what is the rider taking: _____
_____
Existing Medical Problems: _____
_____

Hay fever: _____	Heart Disease: _____	Fainting: _____	Chicken Pox: _____
Asthma: _____	Ear Infections: _____	Insect Stings: _____	Measles: _____
Diabetes: _____	Convulsion: _____	Poison Ivy/Oak: _____	Mumps: _____

*Signature of Parent/Guardian:*_____

Print Name: _____ Date:_____