Athlete Name:_____ Year:_____

School: _____ District: _____

Oregon High School Equestrian Teams, Inc.
Medical Emergency Release

As the parent/guardian of (Athlete Name)_____, should my child need medical attention, I understand every effort will be made to contact me. I hereby grant permission to the medical personnel selected by an Oregon High School Equestrian Teams, Inc. (OHSET) advisor, coach or designee to order emergency medical treatment, x-rays, routine tests, release of any personal information and to provide/arrange transportation for the above named. In my absence, I hereby give permission to the emergency personnel or physician selected by the OHSET designee to provide emergency medical treatment, hospitalization, order injection(s), anesthesia and/or surgery. I understand I will be responsible for all financial obligations incurred, if not covered by an insurance provider. It is recommended by OHSET that athletes have insurance. I have read and reviewed the OHSET Medical Emergency Release Statement. I understand OHSET does not provide medical insurance, and I am responsible for any medical expenses.

Signature of Parent or Guardian _____ **Date** _____

Change of Status Notification & Document Release

I am aware it is my responsibility to provide updated registration information to my equestrian team's advisor or coach, should changes occur during the current season. I agree to provide the necessary documentation requested to meet the criteria for participation in Oregon High School Equestrian Teams, Inc.

Parent/Guardian: _____ **Date**: _____

Athlete: _____ **Date:** _____

Oregon High School Equestrian Teams, Inc. Code of Conduct Endorsement

I, (Athlete Name) _____ have received the Oregon High School Equestrian Teams, Inc. (OHSET) Code of Conduct - Standards and Violation Procedures. As a participant associated with OHSET, I understand the goal is to endorse and promote the values and conduct expected.

My signature below signifies I have read, completely understand and agree to adhere to the OHSET Code of Conduct Standards and will accept the consequences of non-compliance as outlined in the Violation Procedures. By my signature below, I agree that entry and participation in OHSET activities:

*** is made at my own risk, and that the officers, advisors, coaches or OHSET designees assume no responsibility for accidents or injuries.**

*** is subject to the standards, policies, rules and Bylaws of the high school and Oregon High School Equestrian Teams, Inc.**

*** and waive all claims against Oregon High School Equestrian Teams, Inc., its officers, advisors, coaches, and/or designees.**

Athlete: _____ **Date:** _____

Parent/Guardian #1: _____ **Date**: _____

Parent/Guardian #2: _____ **Date**: _____

OHSET Volunteer: _____ **Date**: _____