**Emergency Medical Information Form and Release**

**Waiver of Liability**

**Emergency Medical Information and Release, Waiver of Liability**

**WARNING: Under Alabama Law, an equine activity sponsor or equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act**

I agree to, or I agree to allow this child to, participate in activities offered by Twin Lakes Stable LLC. I understand that I, or this child, shall abide by all barn rules as a condition of participation. I am aware that equine activities may cause accident or injury as a direct or indirect result of participation. I agree to assume all risks involved in my or in this child's participation in ALL activities at Twin Lakes Stable. I further agree to release Twin Lakes Stable LLC, its owner Hannah Padgett, its employees, volunteers and agents from any responsibility should an accident occur.

I hereby authorize Twin Lakes Stable to secure medical treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) in any emergency which may occur while she/he is riding or at the barn.

Signed by rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent of Legal Guardian if rider is under age 18)

Name of Parent of Legal Guardian signing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone #s: Call First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Call Second: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insured’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_