



DREAMHORSECANADIANS.COM
508-468-7685

Please Read Carefully and do not sign unless you fully understand it.

<i>Name</i>	<i>Date</i>
<i>Address</i>	<i>Age/Date of birth</i>
<i>Under 18 Parent/Guardian Sign Here</i>	<i>Phone number</i>

Release

I recognize the inherent risk of injury involved in horseback riding generally and in learning to ride in particular. In taking lessons and engaging in any and all activities including volunteering, trail riding or beach riding at /with Dream Horse Canadians. I assume any such risks of injury and further. I voluntarily release instructor, Christine Sharp and Patrice Anderson of responsibility on account from any injury I or my child or ward may sustain while receiving instruction while riding in connection therewith and I agree to indemnify and hold harmless Christine Sharp and Patrice Anderson on account for any such claim.

Medical Authorization

In the event that the above named student requires emergency medical treatment on account of any accident or injury which may occur in connection with any activities while under the instruction of Christine Sharp, she is hereby given permission and full authority to provide all such emergency medical treatment for the above named student including permission for administration of anesthesia if the emergency contacts can not be reached.

Parent/Guardian

Date

Student

Health Insurance Provider

Policy number

Emergency Contact Name/Number

Name/Number

Warning

Under Massachusetts law, 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, pursuant to section 2D of chapter 128 of the General Laws.