

Colt Ministries Waiver Form

Workshops, Clinics, and Riding lessons

PARTICIPANTS HOLD HARMLESS (initial in) student and parent.

I understand that horses are timid, unpredictable animals and even though precautions are taken for safety, accidents may occasionally happen. (/) I acknowledge that competitive and pleasure horse riding contain inherent risks of injury to me and my horse, and to my equipment. (/) I will hold harmless, Elizabeth (Ebby) Moman, Colt Ministries and all their individual members and any person or organization that in any way may be connected with the events, property, boarding, lessons and activity from any accident or injury to myself, my horse, and my property.(/)

I am partaking in horse related activities by my own choice and understand the risk involved.(/)

I authorize Elizabeth (Ebby) Moman of COLT MINISTRIES; owners, trainers, teachers, members, to provide emergency medical treatment should the need arise from any stable event I should attend.

STUDENT:

SIGNATURE _____ DATE _____

We the parents/ guardian of _____, a minor aged child, have read the Hold Harmless Agreement written above and we agree that the terms and conditions of said waiver shall apply to us and to our child. We understand that horseback riding is a sport that is learned in progressive stages, and know that our child, while on a lesson horse provided by Elizabeth (Ebby) Moman of Colt Ministries, may, at some point, fall off and sustain an injury. We state that we have health insurance on the minor child and that any person affiliated with Colt Ministries, may provide/Authorize emergency medical treatment for my minor child.

PARENT/ GAURDIAN:

Signature _____ Date _____

Phone _____

Emergency Contact _____

Dr/Hospital _____

Emergency Form

Child info

First Name _____ MI _____ Last name _____

DOB(mm/dd/yy) _____ Gender: Female Male

School _____ Grade: _____

Home Address _____

Mailing Address (if different from above) _____

Email _____

Guardian info

First Name _____ Last Name _____

Address if different than above

Work # _____ hm# _____

Cell# _____

Emergency contact Name _____ # _____

Relation to child _____

Emergency contact Name _____ # _____

Relation to child _____

Special circumstances we should know

about: _____

Allergies or medical conditions I should be aware of: list below
