AUTHORIZATION FOR EMERGENCY MEDICAL CARE
FOR MINOR CHILD

READ CAREFULLY

I, _____, as the parent or legal guardian hereby grant permission for _____ to attend/participate in horseback riding.

In the event of an emergency, accident or illness, I authorize Brawley Farms and its agents to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment.

My signature below hereby represents that I have read, understand, and consent to this agreement.

_____ _____
Signature of Participant Date

_____ _____
Signature of Parent/Legal Guardian Date
(if Participant is Under 18)