

**\*\* Please ask for Camp Dates, or check the Events Page on our website \*\***

- <http://www.HPSBoarding.com> -

### Liability Waiver

The equine liability act states "Under the Michigan equine liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity." You can review the complete document of the equine liability act at <http://www.Americanequestrian.com/legal/MI.htm>

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_. Understand the equine activity liability act house bill #5006. I understand High Point Stables, LLC, its affiliates or any of the persons working for High Point Stables can NOT be held responsible due to any injury the participant receives while on the premise.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Medication Authorization Form - (Only complete if medication will be required).

For Prescription and Non-Prescription Medications

Medication authorization for: \_\_\_\_\_  
(Child's name)

High Point Stables LLC, Lindsey Vanderlaan, or HPS Authorized agents have my permission to administer the following medication(s):

Medication name(s): \_\_\_\_\_

Dosage(s) and times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

I understand it is my responsibility to inform High Point Stables, LLC of any changes to medication in writing.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Medical Release

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give High Point Stables LLC, Lindsey Vanderlaan, or an HPS Authorized agent the authority to take my child to the nearest hospital and act as the guardian in case of an emergency if I can't be reached.

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_