



EMERGENCY MEDICAL TREATMENT

Participant Name _____

Home phone: _____ Cell phone: _____

Work phone: _____ Blood type (if known) _____ Date of birth _____

Address: _____

City: _____ Zip Code: _____

Height: _____ Weight: _____ Last tetanus shot: _____

MEDICAL ALERT:

Medical conditions (ie asthma, heart condition, etc.) _____

Allergies: _____

Do you carry an epi-pen for the above allergies? _____yes _____ no

Medication currently taking: _____

Physician Name: _____ Phone: _____

In the event of an emergency, please contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

If the above cannot be reached, I, the undersigned, authorize the transfer of the above named person to a reasonably accessible hospital or medical facility, and authorize a licensed physician to administer emergency care. **In extreme emergency you will be transported to the nearest hospital.*

Signature: _____ Date: _____

Non-Consent Plan

I do not give my consent for emergency treatment/aid in the case of illness or injury during the process of volunteering or while being on the property of Pegasus Farm. In the event emergency treatment/aid is required, I wish the following procedure to take place: _____

Signature: _____ Date: _____

PEGASUS FARM
INSURANCE/LIABILITY RELEASE WAIVER
FOR DRESSAGE SHOW PEGASUS FARM

UNDER OHIO LAW, EQUINE ACTIVITY OWNER/OPERATORS ARE NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES PURSUANT TO OHIO REVISED CODE 2305.321. I AGREE TO RIDE AND /OR PARTICIPATE IN HORSE-RELATED ACTIVITIES AT MY OWN RISK.

_____ (Participant's Name) would like to participate in the Pegasus Farm equine assisted activities. I acknowledge and understand "**INHERENT RISK OF AN EQUINE ACTIVITY**" pursuant to Ohio Revised Code 2305.321, means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

- A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine.
- B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals.
- C. Hazards, including, but not limited to, surface or subsurface conditions.
- D. A collision with another equine, another animal, a person, or an object.
- E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I take full responsibility for and am willing to have the listed rider/participant engage in horseback riding/equine activities. In consideration of the acceptance by Pegasus Farm of this application to participate in an equine assisted activity at the Farm, which includes the use of Pegasus Farm property, I hereby release discharge and hold harmless Pegasus Farm, its agents, employees, officers, instructors, therapists, aids, and volunteers from any and all claims, demands, actions, damages, losses, judgments, and executions which I ever had, now have, or may have or claim to have in the future against the Farm, its agents, employees, officers, instructors, therapists, aids, and volunteers for all personal injuries, known or unknown and injuries to property, real or personal, caused by or arising out of the use of such property or participation in said program, whether such injury or damage may have been caused or is alleged to have been caused, directly or indirectly, by an act of omission, or commission, negligent or otherwise, of Pegasus Farm and its agents, employees, officers, instructors, therapists, aids and volunteers.

By signing this Agreement I hereby agree to:

1. Indemnify Pegasus Farm, its agents, employees, officers, instructors, therapists, aids and volunteers for all damages, liabilities, losses, judgments and executions which may be sustained as a result of any injury to myself, child, ward, horse, or any injury to another caused directly or indirectly by the above.
2. Make known to Pegasus Farm all physical or mental conditions/disabilities that I have. **(If you are pregnant, or think you may be, we advise you not to ride horses.)**
3. Carry my own health, life and liability insurance to cover any accident I may have.
4. Wear protective, approved headgear while engaged in horseback riding/equine activities.
5. Participate in horseback riding/equine activities at my own risk.

Signature of Participant or Parent/Guardian

Date

Signature of Parent/Guardian or Witness

Date

