

**Glendale Equestrian Club**  
**Medical and Legal Release Form**  
**Read Carefully : This pertains to you. Ask if you have questions.**  
**This is a legal document.**

**As a participate in a Glendale Equestrian Club:**

I understand that my safety and the safety of the other riders are dependent upon my own ability and judgment. I understand that horseback riding involves riding on or near pavement, sometimes in traffic, being in the mountains, desert or uninhabited areas for long periods, out of communication and possibly under adverse weather conditions. I further understand that professional medical or veterinary attention is not available on the trail and that considerable delays are likely to be encountered in rescue and treatment of injured riders and their horses. I understand that horseback riding involves risk and I ride at my own risk. I agree to take full responsibility for my safety and well-being and for my horse's safety and well-being. Furthermore, I agree **not** to hold the United States Forest Service, Arizona Bureau of Land Management, State Land of Arizona, Glendale Equestrian Club, veteranians, and volunteers of the ride, or private landowners whose property we may cross responsible for losses or injuries that I might suffer in, or in conjunction with the ride.

I agree to obey the rules listed:

1. Keep at least a horse length from the horse in front.
2. If your horse kicks, please attach a red ribbon to the tail.
3. Ride safe and have a fun time. I

I understand that by not abiding by the set forth rules I may be asked to leave and or be disqualified from the event either from my own acts or the acts of my horse. I further understand that **No Dogs** are allowed on any rides.

I give consent for medical treatment for myself if I am unable to give informed consent. The consent I give includes any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment deemed advisable by and rendered under the general supervision of a physician or surgeon, if I am unable to give informed consent. I agree that neither the physician, surgeon nor any organization involved, assumes any financial responsibility for acting under the authority granted by me. This consent signed for below includes the entire medical treatment and release of financial responsibility outlined above.

I have read, understand and agree with the conditions of this release.

Signature of Rider \_\_\_\_\_ Date \_\_\_\_\_

