SADDLE UP RIDING CLUB, INC
MEDICAL RELEASE AND LIABILITY

I _____ (parent or legal guardian) have enrolled my child _____ to participate in the Saddle Up Riding Club, Inc. program and hereby agree as follows:

I understand agree that Saddle Up Riding Club, Inc will provide care for my child during their scheduled barn times. I also understand that children may not be dropped of before the scheduled barn time and that parents must stay with child until a trainer is present.

Any child not picked up by the scheduled end of barn time will be charged $25 for every extra 30 minutes they are preset.

In the event of an emergency, I hereby give consent for my child to be transported if needed to any emergency facility and to be administered any necessary treatment by emergency staff and physicians. I understand that it is my sole responsibility to provide for any medical cost/expenses which may be incurred by my child.

I hereby release Saddle Up Riding Club, Inc., their instructors, board members, volunteers or helpers and Park Ranch and Arianna LLC from any and all claims, actions, demands, costs, liability expenses or judgments whatsoever including attorneys fees and costs, which might arise in any way in my child participating in this program.

Parent Signature _____ Date _____

My Insurance Carrier _____ Policy or group number _____

Any allergies_____

In the event medical records are needed, call Dr._____

In the event I cannot be reached please notify:

Name _____ Relationship_____ Phone number _____

Name _____ Relationship_____ Phone number _____

Emergency contact numbers for parents _____

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.