

LIABILITY RELEASE AND CONSENT FORM

please read carefully



STUDENT'S NAME: _____

Address and Zip Code: _____

Phone Number/s: _____

Date of Birth: _____
if under age 18, please indicate parents or legal guardian below

NAME/S: _____

Address and Zip Code: _____

Phone number/s: _____

IN CASE OF EMERGENCY CONTACT (in order of preference):

NAME: _____

PHONE/S: _____

Relation to you: _____

NAME: _____

PHONE/S: _____

Relation to you: _____

**STOCKTON'S
PLUM CREEK
STABLES LTD**
7479 W. Titan Road, Littleton, CO 80125
303 791~1966

Check this box
to indicate you have
read and agree with
this statement

I UNDERSTAND THAT HORSE ACTIVITIES WILL EXPOSE ME TO ABOVE NORMAL RISKS, AND HEREBY AGREE TO BE FULLY RESPONSIBLE FOR MY OWN SAFETY.

print your name here

I, _____, hereby acknowledge the **inherent risks** and **potential for risks** in horse-related activities. I am over the age of 18 and agree that Stockton's Plum Creek Stables, Ltd.'s owners, directors, instructors, therapists, aides, volunteers, agents, affiliates, and heirs **will not be held liable** for personal injury or death of myself, my animals or any observer except in clear cases of willful and wanton misconduct as described by current Colorado law. I feel the benefits of horse-related activities outweigh the risks and **hereby legally bind myself**, my heirs and assigns, executors or administrators to waive and release forever all claims for damages against Stockton's Plum Creek Stables, Ltd., its owners, directors, instructors, therapists, aides, volunteer employees, agents, affiliates and heirs for any and all injuries and/or losses sustained while participating in or attending any horse-related activities.

I choose not to wear an ASTM/SEI approved helmet (otherwise required) by writing my initials in this box:

print your initials here

I HAVE READ THIS CONTRACTUAL AGREEMENT BEFORE SIGNING IT

SIGNATURE

(if under 18 must be signed by a legal guardian)

DATE

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

please read carefully

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL,
TO BE USED IN EMERGENCIES ONLY**

In the event emergency medical treatment is required while participating in horse-related activities at or affiliated with Stockton's Plum Creek Stables, I hereby authorize them or their agents to:

- 1.) Secure and retain any necessary medical treatment
- 2.) Release client records on request to authorized individuals or agency providing emergency treatment.
- 3.) Proceed with treatment/s deemed "life saving" by the attending physician if contact persons below cannot be reached in a timely manner.

Name/s of Guardian/Guardians

Phone Number/s: (work, home, cell)

#1 Physician to Contact:

Phone Number/s: (work, home, cell)

#2 Physician to Contact:

Phone Number/s: (work, home, cell)

Preferred Medical Facility:

Phone Number/s: (work, home, cell)

Health Insurance Company:

Policy Number:

SPECIAL NEEDS: (list allergies, medications, any relevant medical conditions)



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initial
this box

NON-CONSENT

I DO NOT give my consent for emergency medical treatment. Instead, follow these specific procedures during an emergency:

Name (print clearly)

SIGNATURE

DATE