

White Harvest Farms, Inc.
Emergency Medical Form

Rider's Name: _____

Parent/Guardian Name (if rider is minor): _____

Rider's Birth Date: _____ Age: _____ Sex: _____

Rider (parent) Email: _____

Rider Cell Phone: _____ (if applicable)

Parent Cell Phone: _____

Home Address: _____

City _____ State _____ Zip _____

Rider's Physician Name: _____

Physician Phone: _____

Physician Address: _____

Insurance Agency: _____

Policy Number: _____ Phone: _____

Emergency Contact Name: _____

Phone: _____ Relationship to Rider: _____

Ambulance Preference: _____

Hospital Preference: _____

I hereby authorize White Harvest Farms, Inc., its officers and employees, if after a reasonable attempt has been made to reach a parent, guardian or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to the rider by any health care professional who may treat the Participant. I agree to pay for any such treatment and to reimburse White Harvest Farms, Inc. for all costs and expenses it may incur related to such treatment.

Rider Signature _____ Date _____

Parent Signature (if rider is minor) _____ Date _____

White Harvest Farms, Inc.
Release of Liability and Indemnification Agreement

I, as a prospective rider, buyer, trailer-in client, visitor, guest, student, riding academy participant, parent of student, guest of student or boarder do recognize that any sport, including horse related activities, present a danger to a person's well-being.

I also understand that, although trained, horses are still animals that are likely to act in an unruly and unsafe manner and that no instructor has control of this animal while a lesson is given. I further fully realize that many individuals have been harmed, maimed and killed while working with horses.

I therefore take complete responsibility for my decision to enroll myself or child in the activities, horse-related or otherwise, at or with White Harvest Farms, Inc., and agree to hold White Harvest Farms, Inc., its officers, directors, shareholder, employees, staff, agents and sponsors harmless for any injury or loss suffered during or in connection with my riding lesson, activity or mere presence with White Harvest Farms, Inc. This release of liability includes but is not limited to a release from liability arising out of the negligence of White Harvest Farms, Inc., its officers, directors, shareholders, staff, employees, agents and sponsors.

I further agree to indemnify and hold harmless White Harvest Farms, Inc. and all of the above named associates from and against all loss, costs, expenses or any claim thereof, of whatever nature, arising out or related to participation in any activity at White Harvest Farms, Inc., or in any activity anywhere in the world during my association with White Harvest Farms, Inc. This indemnification includes but not limited to paying all legal fees and costs incurred by White Harvest Farms, Inc. and/or all of the above named associates in enforcing this release of liability.

Rider Signature _____ Date _____

Parent Signature (if minor) _____ Date _____

Other Acknowledgements

I acknowledge and take full responsibility for other members of my family and guests brought to White Harvest Farms, Inc. not listed as rider or part of the Riding Academy on release form. _____ (Initial)

I understand that this is a Riding Academy facility and accept the risk associated with being on such a facility for myself and all other persons I may bring onto the property. _____ (Initial)

I received, reviewed and agree to the White Harvest Farms, Inc. rules and regulations. _____ (Initial)

I agree to supervise all minors not listed on release and accept that I am personally liable for these minors and other guests while at White Harvest Farms, Inc. _____ (Initial)

I understand that Warning – Under Colorado Law, an 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, pursuant to section 13-21-119, Colorado Revised Statutes. _____ (Initial)

Rider Signature _____ Date _____

Parent Signature (if minor) _____ Date _____

