



YRHA MEDICAL RELEASE FORM

2 Corey Hill Road Brookline, NH 03033 603-878-1661 jessyrha@msn.com
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Section 1. ASSUMPTION OF RISK AND WAIVER

I understand that there are inherent risks of serious injury or even death possible with equine activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever any and all liability, and all claims for damages against Young Riders Horse Academy (YRHA), Instructors, Administrators, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain associated with my child's voluntary participation in YRHA activities.

Original Signature of YRHA participant Date and Original Signature of Parent(s) or Legal Guardian(s) Date
(If 18 yrs. Or older) *Unless member is over the age of majority, i.e., dependent upon state law.*

Section 2. YRHA MEDICAL WAIVER AND TREATMENT RELEASE

In consideration of my/my child's participation in a Young Riders Horse Academy (YRHA) activity, and the inherent risks of equine activity that may result in injury/harm requiring emergency medical treatment, I authorize Young Riders Horse Academy, its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any YRHA activity personnel (including, but not limited to, organizers, instructors, employees, property owners, volunteers), and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results and/or diagnosis.

I have read this entire release and agree to it.

Original Signature of YRHA participant Date and Original Signature of Parent(s) or Legal Guardian(s) Date
(If 18 yrs. Or older) *Unless member is over the age of majority, i.e., dependent upon state law.*

RELATED INFORMATION:

Participant 1 Name: _____ Participant 2 Name (2nd child or self): _____
Participant 1 Birth date: ____/____/____ Participant 2 Birth date: ____/____/____
Parent(s) or Legal Guardian(s): _____
Address: _____
City/State/Zip: _____
Home No: _____ Cell No: _____ Work No: _____
If Parent or Guardian is unavailable,
Contact: _____ Phone No: _____
Family Physician: _____ Phone No: _____
Participant 1 is allergic to: _____
Participant 2 is allergic to: _____
Other medical conditions: _____
Participant 1 takes the following medications: _____
For: _____
Participant 2 takes the following medications: _____
For: _____
Medical Insurance Company: _____ Policy No(s): _____

SPECIAL INSTRUCTIONS

As parent or guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.

Other: _____

REPORT OF EXISTING MEDICAL CONDITION(S)

Do the above named YRHA participant(s) have any medical condition(s) that may be affected by mounted or unmounted participation in YRHA activities?

Yes No

IF YOU ANSWERED YES TO THE ABOVE QUESTION, you must fill out a medical release form available through YRHA.

Section 3. MEDICAL RELEASE FOR ACTIVITY PARTICIPATION FOR PARTICIPANTS WITH A PRE-EXISTING MEDICAL CONDITION

Participant Name: _____

YRHA wishes to take reasonable steps to maintain the safety of YRHA participants. Participants with medical /disabilities conditions (including pregnancy) that may be aggravated by mounted or unmounted activities must provide a MEDICAL RELEASE FOR PARTICIPATION Form signed by the examining physician.

A copy of this form must be on file with:

- a YRHA riding instructor, or
- a YRHA business owner

YRHA instructors always have the sole discretion to remove any individual from an activity if safety is a concern.

A copy of YRHA's Levels of Horsemanship for the level of the individual member MUST be provided to the physician for review.

This notice must be given at least 15 days prior to participation.

The responsibility for notice of a medical condition/disability and providing the completed release in a timely manner lies solely with the YRHA participants, parents, and/or legal guardian. The parents are also responsible for updating this release if the medical condition changes. **YRHA riding instructors and business owners are not required to seek out members and inquire about medical conditions.**

PENALTY

The failure to provide the YRHA instructors or business owners with information regarding a member's medical condition/disability and to comply with the guidelines for notice, medical participation release, and consent requirements shall require that the participant be disqualified from participation in YRHA activities, and shall be a material misrepresentation that the YRHA participant has no medical condition/disability which might affect his/her participation.

EXAMINING PHYSICIAN'S RELEASE

Physician Name: _____ Office No: _____

Address: _____

City/State/Zip: _____

Licensure No: _____ State of: _____

The above-named participant has been seen by me on ____/____/____.

I hereby release the above named USPC member to participate in mounted and unmounted equine activities. I am familiar with all of the requirements of USPC mounted and unmounted events. If I believe the member may participate in some of the events, but not in others, I will list them below.

Medical Condition: _____

Limitations (use additional pages to explain, if necessary): _____

Physician Signature: _____ Date: ____/____/____