

WAIVER OF LIABILITY
MISTY RIVER EQUESTRIAN CENTER

ALL LINES MUST BE LEGIBLY FILLED OUT, OR CHILD AND/OR ADULT CAN NOT PARTICIPATE.

PLEASE READ CAREFULLY BEFORE SIGNING

WARNING: UNDER MISSOURI LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI, RSMO 537.325.

I HAVE READ AND UNDERSTAND THE MISSOURI EQUINE LAW.

SIGNATURE: _____

DATE: _____

Equine activities are hazardous by nature and could expose you or your child to serious injury or even death. This stable does not guarantee you or your child's safety. It is the policy of Misty River Equestrian Center that all students and novices (less than 1 year of riding experience) and minors (under 18 years), must wear a ASTM standard and SEI certified helmet. Misty River Equestrian Center strongly recommends all riders, of all ages and experiences, to wear ASTM-SEI helmet.

By signing this document, I expressly assume the inherent and all other risks of this activity, and I agree not to hold liable, nor bring claim of any kind against Cindy M. Strahm, and/or family, and/or Misty River Equestrian Center, and/or any employees or assistants or volunteers, or instructors or any other equine professional associated with Misty River Equestrians Center, for negligence or otherwise for damages of any nature including but not limited to injury (or death) to myself, or the child I am legal guardian of, while riding, and/or handling, and/or participating and/or observing any horses, or horse related activities on the premises of Misty River Equestrian Center.

Print Name & Address: _____

Print Child's Name _____

Print Phone: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT BEFORE SIGNING IT.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

MUST BE NOTARIZED

ADULT - Consent to Emergency Medical, Dental, or Surgical Treatment in the Event of Incapitation.

My name is _____. I hereby consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save my life in the event I am incapacitated due to injury and am unable to do so myself.

Name of Insurance Company _____

Policy Number _____

I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future incurred bills. Emergency Phone Numbers:

Number	Person to Contact	Number	Person to Contact
_____	_____	_____	_____
_____	_____	_____	_____

Any allergies or possible reactions to medications: _____

Any physical disability to be aware of: _____

(Signed) _____
(Date) _____

SWORN TO AND SUBSCRIBED

before me this ____ day of _____, in the year _____.

Notary Public in and for the State of _____.

My Commission Expires: _____.

MUST BE NOTARIZED

MINOR - Consent to Emergency Medical, Dental, or Surgical Treatment for Minor Child

My name is _____ . I am the (Mother) (Father) (Guardian) of _____, a minor child and a riding student at Misty River Equestrian Center. I hereby consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save my life in the event I am incapacitated due to injury and am unable to do so myself.

Name of Insurance Company _____

Policy Number _____

I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future incurred bills. Emergency Phone Numbers:

Number	Person to Contact	Number	Person to Contact
_____	_____	_____	_____
_____	_____	_____	_____

Any allergies or possible reactions to medications: _____

Any physical disability to be aware of: _____

(Signed) _____

(Date) _____

SWORN TO AND SUBSCRIBED

before me this _____ day of _____, in the year _____.

Notary Public in and for the State of _____.

My Commission Expires: _____.