



Enjoy! With us!

**MEDICAL INFORMATION FORM AND TREATMENT RELEASE
AGREEMENT FOR RELEASE OF LIABILITY & WAIVER OF CLAIMS
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE
READ CAREFULLY!**

I fully understand that as a participant I am/my child is subject to inherent risk of an activity, meaning a danger or condition that is an integral part of an activity, and related damages and hazards. I hereby acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. 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 Maple Leaf Equestrian Centre, Ltd., Karin J. Lunau, Leigh A. Schmid, Krystin L. Schmid, Greg L. Schmid or Mark L. Schmid and the directors, officers, employees, agents, representatives, members, volunteers, coaches and assistants for either.

_____ Date _____ AND _____ Date _____
Signature of Participant Signature of Parent(s) or Legal Guardian

In consideration of my/my child's participation in an activity at Maple Leaf Equestrian Centre, Ltd., and/or the home of Karin J. Lunau and Leigh A. Schmid, and the inherent risks of the activity that may result in injury/harm requiring emergency medical treatment, I authorize Karin J. Lunau, Leigh A. Schmid, Krystin L. Schmid, Greg L. Schmid or Mark L. Schmid and the directors, officers, employees, agents, representatives, members, volunteers, coaches and assistants for either, to obtain and release 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:

_____ Date _____ AND _____ Date _____
Signature of Participant Signature of Parent(s) or Legal Guardian

Participant's Name _____ Date of Birth: _____

Parent(s) or Guardian: _____

Address: _____

Home phone: _____ Work phone: _____ Cel: _____

If Parent or Guardian is not available, contact _____ Ph: _____

Family Physician: _____ Ph: _____

Orthodontist/Dentist: _____ Ph: _____

Allergies/Medical Conditons _____ (please explain on reverse)

Medications taken: _____ (please explain on reverse)

Medical Insurance Company: _____

Policy Numbers: _____

DESCRIPTION OF PARTICIPANT'S EXPERIENCE AND ABILITY

Participant's Name _____ Date of Birth: _____

Parent(s) or Guardian: _____

Address: _____

Home phone: _____ Work phone: _____ Cel: _____

PLEASE DESCRIBE PARTICIPANT'S EXPERIENCE WITH HORSES AND PONIES. How many times a week, and for how many years has participant handled (groomed, led) horses and ponies? How many times a week have they ridden? Independently? With assistance? What concerns do you or the participant have about the participant's experience or abilities with horses and ponies?

PLEASE DESCRIBE PARTICIPANT'S SWIMMING EXPERIENCE: Is the participant capable of swimming independently in depths over their head? Is the participant able to tread water, and for how long? What concerns do you or the participant have about the participant's experience or abilities in a swimming pool?

ADDITIONAL ACTIVITIES WILL INCLUDE GAMES AND CRAFTS. LUNCH AND SNACKS WILL BE PROVIDED, AND THERE WILL BE WATER AND OTHER DRINKS AVAILABLE AT ALL TIMES. What other information should we know to help us ensure the participant has a safe and positive experience?