

MUHOLLAND RANCH SUMMER CAMP RELEASE FORM

Horse Riding Swimming Medical

Horse Riding _____ Has my permission to ride at the Mulholland Ranch Summer Camp. I understand that horses can be unpredictable and dangerous. I hereby release The Mulholland Ranch Summer Camp and the Mulholland's from any responsibility of injury that may occur around or on these horses. I also agree to pay any medical bills that could occur due to injury. _____ Initials

Swimming _____ Has my permission to swim at The Mulholland Ranch Summer Camp. I release The Mulholland's from any responsibility of injury that could occur while swimming. I agree to pay any and all medical bills that could occur from any injury. _____ Initials

1.) Proper attire is required when under instruction not only for the safety of the rider but their comfort. Riding boots or hard sole shoes (no tennis shoes), heavy, straight-legged jeans and a shirt capable of being tucked in (no tank tops or other inappropriate attire). **HARD HATS ARE MANDATORY** and the rider will not be permitted to ride without it.

2.) Mulholland Ranch reserves the right to order from the premises at any time and without notice any owner, agent, rider, or visitor together with his property, who, in the opinion of the management willfully created or allows to be created any situation deemed to be illegal, unhealthy or detrimental to any horse or rider willfully endeavors to disrupt the tranquility or well-being of this establishment.

3.) The undersigned agrees to save and hold harmless Mulholland Ranch, its employees or agents from any and all claims, suits or costs arising from accident or injury occurring, be it from the riding or that he or she currently has medical and liability insurance for eventually causing bodily harm to themselves or their invitees while on the premises.

4.) The undersigned further agrees that the attached "EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS" form shall become a part of this contract and agrees that by the signing of this agreement will be bound by the aforementioned Equine Activity Liability Release Waiver of Right to Sue and Assumption of all Risks.

WITNESS THE FOLLOWING SIGNATURE (S):

STUDENT: _____

PARENT OR GUARDIAN FOR STUDENT
UNDER EIGHTEEN (18) YEARS: _____

NAME OF STUDENT: _____

NAME OF PARENT OR GUARDIAN: _____

ADDRESS: _____

TELEPHONE NUMBER: HOME: _____ WORK: _____

Medical Release In case of emergency, I hereby authorize Mulholland Ranch Summer
Camp to seek medical help for _____
At the nearest

(Child's Name) (Date of Birth)
Available medical facility. I give permission for any medical persons to perform any
emergency medical care as needed. I acknowledge responsibility for any bills that may
occur. _____ Initials

Family Physician: _____ Phone Number: _____

Address: _____

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Allergies: _____

Date of last Tetanus Booster: _____

NAME AND TELEPHONE NUMBER OF A PARTY TO CONTACT IN CASE OF AN
EMERGENCY: _____