

Diane's Riding Place

Students Name _____ Age _____

Students Name _____ Age _____

Students Name _____ Age _____

Students Name _____ Age _____

Students Name _____ Age _____

I hereby certify that the STUDENT (S) named above is/are in good health. He or She may participate in all phases of this program. If I cannot be reached in case of emergency, I hereby give my consent for emergency medical treatment. I understand this is to prevent undue delay and assure prompt treatment and that only licensed physicians will be engaged for such an emergency.

RELEASE AND HOLD HARMLESS AGREEMENT: I assume the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator. In consideration, therefore for the privilege of riding and or working around horses at Diane's Riding Place, located at 65535 Cline Falls Hwy, Bend Oregon 97701, and the Undersigned does hereby agree to hold harmless and indemnify Diane's Riding Place and/or Diane Schmidt, jointly or separately, and further release them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the Premises.

Photo/Video/Audio Consent and Release: From time to time, photographs, videos and/or audio clips may be taken of youth and riders engaging in Diane's Riding Place activities. Diane's Riding Place and /or Diane Schmidt requests the right to use all photos, videos and or/audio clips taken of said activities for promotional purposes included but not limited to brochures, websites, and print, radio and television advertising. By signing this form, the Undersigned understands and consents to the above usage and gives up his/her rights to said media.

Parent/Guardian

Print Name _____ Signature _____ Date _____

Home Address _____

Phone Numbers _____