

## Liability Release & Medical Release for Cedar Grove Stables

As a participant in a clinic or guest at Cedar Grove Stables, property owned by David and Carol Grosvenor, I agree to abide by the rules set forth below.

1. All clinic participants working with horses (including parents working with their children) are required to wear an ASTM riding helmet, suitable riding shoes or boots while working on groundwork or under saddle. Gloves are advised.
2. No stallions are permitted on the property.
3. All minor children are required to have a parent, grandparent, or legal guardian with them if riding on the property.
4. Participants must be covered by personal medical insurance.
5. Horses must have proof of a current negative Coggins.

I understand that riding horses involves personal risk, not close to medical facilities, that there can be man-made hazards which riders and managers cannot anticipate, identify, modify or eliminate: that horses can be excitable, difficult to control and unpredictable; and that accidents can happen to anyone at any time. I agree to take full responsibility for myself and the animal that I or my minor child am riding or training. I will hold the management and all property owners blameless for any accident, injury or loss and free from all liability of such injury or loss that may occur due to my participation in exchange for riding at Cedar Grove.

I acknowledge that I assume full responsibility for the safety of horse, my guests, and myself. By my signature, I hereby waive all rights to file a claim or lawsuit against David and Carol Grosvenor, Cedar Grove Stables, and all its personnel for any injury or damages which may occur during the time I am at on site.

Additionally, I agree to be fully financially responsible for any necessary emergency medical treatment by any medical person or institution in the event of injury or illness. I give my consent for and will be financially responsible for emergency medical treatment for myself, my horse, if I am unable to give informed consent.

Any Known Drug Allergies: \_\_\_\_\_

Any Medical Conditions: \_\_\_\_\_

I have read and understand this liability release. \_\_\_\_\_

Rider Signature Date, Juniors Parent/Guardian Date: \_\_\_\_\_

Horse Owners Signature Date: \_\_\_\_\_

Emergency Name and Number: \_\_\_\_\_