



Wright Equestrian Center, Inc.
 1028 Mennemeyer Road, Troy, MO 63379
 636-462-3334, www.wrightequestrian.com



Release and Hold Harmless Agreement / Health History

Serious injury may result from participation in horse related activities. There are numerous obvious and non-obvious inherent risks always present in horseback riding and working around or near horses despite all safety precautions. No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse, it is generally a distance of 3.5 to 5.5 feet, and the impact may result in injury to the rider. If a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts which may include, but not limited to stopping short, changing direction or speed at will, shifting its weight from side to side, bucking, rearing, biting, kicking, or running from danger. Equestrian helmet use is mandatory at all Wright Equestrian, inc. riding sessions.

Date _____, 20____

Complete Name _____ Birth Date _____ Sex _____

Home Address _____ City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Parent or Guardian (if a minor) _____ Work Phone _____

Second Parent or Guardian or Emergency Contact _____

Home Address _____ City _____ State _____ Zip _____

Day Phone: _____ Evening Phone _____

If not available in an emergency, notify: _____

Day Phone: _____ Evening Phone _____

Home Address _____ City _____ State _____ Zip _____

Health History: *(Check - give approximate dates)*

Frequent ear infections Heart Defect/Disease Convulsions Diabetes Bleeding/Clotting Disorders
 Hypertension Mononucleosis Strep Throat Other _____

Allergies:

Hay Fever Ivy Poisoning Insect Stings Penicillin Asthma Other _____

Other Medications _____

Operations or serious injuries (dates): _____

Disability (physical or mental) or chronic/recurring illness: _____

Current medication (send labeled with student name and instructions): _____

Name of family physician _____ Phone _____

Do you carry family medical/hospital insurance? Yes No
Carrier _____ Policy/Group # _____

This health history is correct so far as I know, and the person listed above has permission to engage in all activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Wright Equestrian Center, Inc. to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the person named above. I agree that should medical treatment be required for myself, my child, or my legal ward, I and/or my own accident/medical insurance company shall pay for all such incurred expenses.

Signature (parent or legal guardian, if a minor) _____

Witness: _____ **Date:** _____

WHEREAS, THE UNDERSIGNED and the parent or legal guardian if a minor, acknowledges and assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury from using, riding or being in close proximity to horses, and further, that both horse and rider can be injured in normal use or in competition and schooling;

IN CONSIDERATION, therefore, for the privilege of riding and/or working, around horses at Wright Equestrian Center, Inc., the Undersigned and the parent or legal guardian if a minor, does hereby agree to hold harmless and indemnify Wright Equestrian Center, Inc., its owners, agents, employees, officers, members, premises owners, and affiliated organizations 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 to the premises of Wright Equestrian Center, Inc. I agree to release Wright Equestrian Center, Inc. from liability for ordinary negligence in the operation of the Wright Equestrian Center, Inc. that except in the event of this Wright Equestrian Center, Inc.'s gross and willful negligence, I shall bring no claims, demands, actions and causes of action and/or litigation against this Wright Equestrian Center, Inc. for any economic or non-economic losses due to bodily injury, death, property damage sustained by me and/or any minor child or legal ward in relation to the premises and operations of this Wright Equestrian Center, Inc. [including] while riding, handling and otherwise being near horses owned by or in the care, custody, and control of this Wright Equestrian Center, Inc.

W A R N I N G

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.

I, the undersigned, have received, read, and clearly understood the above material AND all the rules and regulations of Wright Equestrian Center, Inc. and agree to abide by all of them.

Horse/Pony Value: _____ **Date** _____

Description: _____

Signature (parent or legal guardian, if minor) _____