



2018 AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

Name _____ Date of birth _____ (if a minor)

Home phone _____ Cell _____

Address _____ City and Zip _____

Email _____

Contact #1 _____ Contact #2 _____
(i.e., spouse's work, cell, or other family member)

Names of mother and father _____

Physician _____ Physician's phone _____

I request permission for MYSELF or MY CHILD to participate in equestrian activities at KJM Equestrian School / Farm and I agree to hold harmless and indemnify the owners, trainers, instructors, managers, and employees. I understand that horseback riding and its related activities have inherent risks that could result in injury, permanent disability, or death. In exchange for being permitted to participate in equestrian activities, I release and agree not to make or bring any claim of any kind against KJM Equestrian School/Farm, its owners, trainers, instructors, managers, employees, and property owners. I also agree that if anyone makes any claims because of injury to me or my child (including death), or for any damages to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Oklahoma Statutes – Title 76-50

Under Oklahoma Law, a livestock professional acting in good faith shall not be liable for injuries to any person engaged in livestock activities when such injuries result from the inherent risks of livestock activities.

Signatures below indicate that I have read, understand, and accept the above statements.

Date: ____/____/____

Legal guardian or rider's signature (if 18 or older) _____

Both parental signatures are required if rider is a minor:

Mother _____ Father _____

Please complete treatment authorization (back of this page) if the rider is a minor.

Thank you!

Instructor's initials _____



KJM EQUESTRIAN SCHOOL/FARM Authorization for Treatment to Minor(s)

I/We the undersigned, parent(s), or legal guardian of the minor(s) listed below:

Minor's name _____ Date of birth _____

Minor's name _____ Date of birth _____

Minor's name _____ Date of birth _____

Do hereby authorize any X-ray examination, anesthetic, dental, medical, surgical diagnosis, or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific, or special consent of:

Management or Staff of KJM Equestrian School/Farm

The temporary custodian of the minor(s); whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of Oklahoma. I/We authorize the physician or dentist to call in any necessary consultants, at their discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor(s), and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis, or medical, or dental, or surgical treatment.

Date: ____/____/____

Mother

Father

Legal Guardian