Release and Hold Harmless Agreement for Wrangler Camp I

Child's Name_____ Wrangler Camp Session_____

Please circle riding skill level 1 2 3 4 5 6 7 8 9 10
Beginner Advanced

A person who engages for compensation in the rental of equines or equine equipment, tack, or instruction of a person in the riding or the driving of an equine, or in being a passenger upon a equine is not liable for the injury or death of a person involved in equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statues.

The undersigned does hereby agree to hold harmless and indemnify the Hawkridge Stables and the Red Wing Family YMCA/YMCA Camp Pepin, their officers, agents and employees from any liability, injuries, loss, damages, costs or expenses which are sustained, incurred or required while the participant is on the premises of the Hawkridge Stables or in transit either to or from.

_____ _____ _____
Child's Name Parent/Guardian's Signature Date

Medical Consent/Release

If your son/daughter or ward is under 18 years of age while at our Camp, it is our policy to secure consent for medical treatment. In case of illness or injury, by signing below you are giving advance medical treatment. Permission is also granted for appropriate medical attention at a medical facility. Minor injuries can be taken to the on-staff nurse.

My name is _____. I am the (mother/father/guardian) of _____ _____, a minor child and riding student at Hawkridge Stables & YMCA Camp Pepin. I hereby consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the minor child named above or to restore the child to health.

Name of Insurance Company_____ Policy Number_____

I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover any incurred bills.

Emergency Phone Numbers:

Name_____ Phone_____
Name_____ Phone_____

If your child is currently on any medications please list them below:

Name of medication:_____Reason:_____
_____

Signed_____Print Name_____Date_____