**HUNTINGTON CENTRAL PARK EQUESTRIAN CENTER**

**RELEASE FORM**

Name of Applicant:_____Date of Birth:_____

**STALL NUMBER:_____ Boarder's Name___**_____

Name of Parent if under 18:_____

Address:_____City:_____Zip:_____

Telephone:_____Emergency Phone/Pager#:_____

Additional Emergency Contact Person:_____Phone:_____

## GENERAL RELEASE

I / we hereby agree to assume all responsibility and risk from the participation in equestrian activities at HCPEC; and further agree to hold harmless all instructors, teachers, trainers, employees, and the City of Huntington Beach free from all damages or liability for any injury or death to person(s) or property arising as a result of this participation.

I / we understand by signing below that horses are animals that can be dangerous and unpredictable at any given time.

Applicant:_____Date: _____

Parent/Guardian:_____Date: _____

## CONSENT TO EXAMINATION AND / OR TREATMENT

The undersigned, parents of the applicant (minor), do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said applicant or minor under the general or specific instruction of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage the HCPEC staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonable and necessarily incurred.

Applicant:_____Date:_____

Parent or Guardian:_____Date: _____