



Horse Play Rentals

Huntington Central Park Equestrian Center
18381 Goldenwest St. Huntington Beach, California 92648
714-848-6565 info@horseplayrentals.com

RIDER/PARTICIPANT INFORMATION FORM/MEDICAL RELEASE

Trail Rides/Clinics/Groundwork/Interns/Photoshoots

Ride Date: _____ Ride Time: _____

Rider Name: _____

Rider Age (if under 18 years of age): _____ Rider DOB (if under 18 yrs): _____

Parent Name (if under 18 yrs): _____

Phone Number: _____ Emergency Contact Name and Number: _____

Street Address: _____

City/State _____ Zip: _____

Approximate Height: _____ <100 ___ 100 - 150 ___ 150 - 200 ___ >200

Weight (lbs)

Horseback Riding Experience: _____ Less than 10 hrs _____ More than 10 hrs

If you would like information about upcoming riding/horsemanship clinics, horse shows and/or special events, please provide your email address below.

Email Address (only for our mailing list):

Headgear/Helmet Policy: All participants MUST wear a helmet approved for equestrian riding (provided by HPR) while mounted on a horse.

All Rider Participants MUST be able to speak fluent English.

Rider Signature (if 18 yrs or over):

_____ Date: _____

Parent or Guardian Signature (if under 18 yrs) & Relationship to Rider

_____ Date: _____



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MEDICAL CONSENT FORM

Rider/Participant Name: _____

Rider DOB (if under 18 yrs): _____

CONSENT TO EXAMINATION AND/OR TREATMENT

The undersigned participant, or parent/guardian of the participant, if a 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 participant 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 staff of Horse Play Rentals and/or Huntington Central Park Equestrian Center, hospital staff and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned participant, or parent/guardian of the participant, shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonable and necessarily incurred.

Participant Signature (18 yrs and older): _____

Parent/Guardian Signature (if under 18 yrs): _____

Parent/Guardian Printed Name: _____

Date Signed: _____



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RIDER/PARTICIPANT INFORMATION FORM/MEDICAL RELEASE ACKNOWLEDGMENT OF RISKS & ARBITRATION AGREEMENT

Rider/Participant Name: _____

Rider DOB (if under 18 yrs): _____

In consideration of being allowed to use the facilities and participate in programs and events (“Programs”) operated by Horse Play Rentals (the “Host”), the Participant, and the Participant’s parent(s) or legal guardian(s) if the Participant is a minor, do hereby acknowledge and agree, to the fullest extent permitted by law, as follows:

- a) Participation in the Programs involves certain inherent risks, which include serious physical injury and death;
- b) Participant’s participation in the Programs is voluntary, and he/she has the opportunity to inspect the Host’s equipment and location before any participation;
- c) The Participant certifies that he/she has no physical or mental condition that precludes him/her from participating in the Programs and that he/she is not participating against medical advice;
- d) Helmets are recommended for use while participating in the Programs, no exceptions
- e) Participant is obligated to follow the rules of the Programs and can minimize his/her risk of injury by doing so and through the exercise of *common sense* and by being aware of his/her surroundings;
- f) If, while participating in the Programs, the Participant observes any unusual hazard, which he/she believes jeopardizes his/her personal safety or that of others, he/she will immediately bring said hazard to the attention of the Host.

Arbitration

The Participant, and the Participant’s parent(s) or legal guardian(s), if Participant is a minor, hereby agrees to submit any dispute arising from participation in the Programs to binding arbitration. Submission shall be unlimited. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the “Panel”), to be chosen by the party-appointed arbitrators. The neutral arbitrator shall be an officer or director of any entity that operates a horseback riding and rental program in the United States. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the Southern District of California, utilizing the selection criteria for the neutral as set forth above. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in the county and state in which the Programs occurred and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. As a threshold matter, the Panel shall confirm whether the Waiver and Release contained in this Agreement are enforceable under applicable law.

Rider Signature (if 18 yrs or older): _____

Parent or Guardian Signature (if under 18 yrs): _____

Parent or Guardian Printed Name & Relationship: _____



PHOTO RELEASE

I, the undersigned (Print Name) _____

Hereby:

Authorize () Do NOT Authorize ()

Huntington Central Park Equestrian Center (HCPEC) or Horse Play Rentals (HPR) to use photographs of me and circulate same for the purpose of web advertising publicity on the HCPEC or HPR websites or social media sites without time limitation.

Signature: _____ Date: _____

Parental Permission for Release

(if under 18 years of age):

I, the undersigned (Print Name) _____

Hereby:

Authorize () Do NOT Authorize ()

Huntington Central Park Equestrian Center (HCPEC) or Horse Play Rentals (HPR) to use photographs of my child (Print Name) _____ and circulate same for the purpose of advertising publicity on the HCPEC or HPR websites or social media sites without time limitation.

Parent/Guardian Signature: _____ Date: _____