



Harlequin Stables
Student/Camper/Staff
Record/Release Form 2021

Rider, Camper or Staff Name _____ Age _____

Address _____ City _____ Zip _____

Parent Name _____ Address _____

Email _____ Phone _____

Emergency Contact _____ Phone _____

Allergies and/or Disabilities _____

Health Insurance Provider _____ ID # _____

Immunization History: Massachusetts requires a CERTIFICATE OF IMMUNIZATION for all campers and staff. Please attach copy from your doctor's office.

Level of riding experience: (please circle) **beginner** **intermediate** **advanced**

General Release and Authorizations

Accuracy of Information: Health history is correct so far as I know and the person herein described has permission to engage in all horsemanship activities except as noted.

Photo Release: I authorize Harlequin Stables to have my child's photo appear in camp brochures, videos, on websites or other promotional literature.

Authorization for treatment: In case of an emergency, I authorize Harlequin Stables to administer first aide and to transport my child to the nearest hospital emergency room. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or his/her designee to secure and administer treatment, including hospitalization, for the person named above.

*****WARNING*****

Under Massachusetts Law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of Chapter 128 of the Massachusetts General Laws.

I the rider (parent/guardian if rider is under 18) by signing below, acknowledge and recognize the inherent risks of horseback riding and assume all responsibility and risks inherent in the contact with, and riding of horses at Harlequin Stables.

I further agree to hold Harlequin Stables and all agents of Harlequin Stables including, but not limited to, employees, owners, and instructors, free from responsibility or liability for damages of injury to persons or property resulting from the contact with or use of horses, equipment, or from any cause whatsoever while on Harlequin Stables' premises. Harlequin Stables assumes no responsibility for damage to persons or property and I acknowledge that riders are at their own risk and in full understanding of the inherent risks of the sport aforementioned. The Undersigned (the rider/the guardian) acknowledge that they have read, understand, and will abide by all rules and regulations set forth by the facility and/or the management.

Name of Rider (please print): _____

Name of Parent/Guardian (if rider is under 18): _____

Signature of Rider or Parent/Guardian (if rider is under 18)

(DATE)