

Last Name: _____

Horse-Related Activity Liability Waiver and Emergency Contact Form
Equine Studies Program at the University of Maryland and/or
the Maryland Equestrian Club

Participant's Name: _____ Birth Date: _____

Address: _____

Phone (Day): _____ (Eve): _____

Parent or Guardian: _____ Phone (Day): _____ (Eve): _____

Address: _____

Health Insurance Carrier: _____

Policy #: _____ Phone: _____

Address: _____

If the above cannot be reached in the case of an emergency, notify:

Name: _____ Relationship: _____

Address: _____

Phone (Day): _____ (Eve): _____

Physician: _____ Phone: _____

Address: _____

Date of Last Tetanus Shot: _____

Any Special Medical Conditions or Allergies: _____

AUTHORIZATION TO CONSENT TO TREATMENT (Optional)

To be filled in and signed by adult participant, or parent(s) or legal guardian(s) of a minor participant, whose medical insurance is carried by the above named health insurance policy, authorize members of the Maryland Equestrian Club or Equine Studies Faculty, as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician, or surgeon, whether on campus, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health-care giver may deem advisable. This authorization shall remain effective indefinitely, unless revoked in writing.

Participant's Signature: _____ Date: _____

Parent or Legal Guardian: _____ Date: _____

(For Participants Under 18)

RELEASE OF LIABILITY STATEMENT

The undersigned, _____ (PRINT NAME), does hereby acknowledge and assume the risk of participation in any and all horse-related activities in association with the University of Maryland. He/she voluntarily assumes all risk of loss, damage, illness, or injury that he/she may sustain while so engaged or as a result thereof. He/she agrees to hold harmless, release, and indemnify the State of Maryland, and the University of Maryland, and its officers, employees, and agents in any location where horse-related activities are conducted, horses and/or property are used, of and from all claims which may hereafter accrue on account of any injury, loss, or damage, which he/she may suffer, because of any matter, thing, condition, negligence or default whatsoever. He/she hereby accepts the full risk and danger of any hurt, injury, or damage that may occur through or by reason of any matter, thing, condition negligence or default, of any person or persons whatsoever.

It is further agreed and understood that he/she shall maintain in full force and effect a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities at the University of Maryland as aforesaid. Liability insurance is also strongly urged. He/she agrees to assume all expenses, medical, liability, or otherwise, arising out of any injury to him/her at either the University of Maryland or off-campus, and understands that the University of Maryland does not provide health, accident, or liability insurance to volunteers in horse-related activities.

The person executing this release acknowledges that there is a valid consideration in executing this release.

The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

PARTICIPANT RESPONSIBILITIES

I understand that horses are independent living beings with their own minds and, as such, can never be entirely predictable. I understand that there are always elements of risk in equestrian activities including permanent disability or death, that common sense and personal awareness can help reduce.

- I am aware that at all times when in the stables or working around horses it is *my responsibility* to:
 - Be alert and respectful of horses' intentions signaled with their ears and eyes and carried out with their teeth and hooves.
 - Speak in a reassuring tone when approaching horses and avoid sudden movements or noises.
 - Never leave horses unattended with stall door open, in the stable aisles, while they are cross-tied, or in the riding arena.
 - Always lead horses properly with a lead rope or shank.
 - Always wear appropriate clothing including footwear (closed-toed shoes).
 - Pick up and replace tack and equipment I have used in the barn or arena.
 - Know the locations of emergency telephones, ambulance and veterinarian's phone numbers, and farm staff on duty.
 - Know all fire emergency procedures and never smoke or be intoxicated in the stable or allow others to do so.
 - Read and obey all posted information and warnings.
 - Comply promptly with all verbal directions of stable personnel, officers/directors, and instructors unless I believe that by so doing I will endanger myself, other people, or horses, in which case I will immediately express my opinion to the person involved.
 - Refrain from acting in any manner that may cause or contribute to my injury or the injury of other people or horses.

PARTICIPANT RESPONSIBILITIES (continued)

- I am aware that at all times when riding, it is *my responsibility* to:
 - Never ride or handle horses alone.
 - Check all equipment and tack including the saddle, girth straps, bridle, bit and curb strap prior to use for signs of weakness and proper adjustment.
 - Use proper equipment and attire including a regulation hard-hat or helmet with the chin harness snugly fastened at all times and boots with heels.
 - Ride in control *only* on horses rated with my ability level.
 - Be constantly aware of, anticipate, and be able to avoid nearby horses, people, and obstacles—natural and man-made hazards.
 - Never tailgate and always audibly alert riders and people on the ground in advance of changes in direction or when overtaking another horse.

I understand that this is only a partial list, and I must be safety-conscious and exercise sound judgment *at all times*. *Anyone* found to be endangering themselves, other people, or horses faces immediate revocation of riding privileges and removal from the premises.

Please sign and date to verify that you have read and understand the above participant responsibilities:

Participant's Signature: _____ Date: _____

Parent or Legal Guardian: _____ Date: _____

(For Participants Under 18)