

**Emergency Authorization, Assumption of Risks
& Liability Release Form**
Challenge Unlimited, Inc., Ironstone Therapy, Inc. & Ironstone Farm

**PLEASE READ BOTH SIDES OF THIS AGREEMENT
SIGNATURE REQUIRED ON THE REVERSE**

Client Name: _____ DOB: _____ Height: _____ Weight: _____

Phone# Home: _____ Work: _____ Emergency: _____

Parent/Spouse: _____ Parent/Spouse: _____ Guardian: _____

Client Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Name & Phone# of Company/Business (parent/spouse): _____

Name & Phone# of Company/Business (parent/spouse): _____

Primary Care Physician Name: _____ Phone #: _____

Person (s) responsible for payment arrangements: _____

Address: _____ City: _____ State: _____ Zip: _____

Third party payer contact name: _____ Phone#: _____

Describe any medical condition or allergy requiring special precautions, and any medication and dosage: _____

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

Inherent Risk / Assumption of Risks. I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

Liability Release. I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and

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(continued from page 1)

discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, and others acting on their behalf, of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

*****WARNING*****

Under Massachusetts law, an equine professional is not liable for injury to, or 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.

In case of a medical emergency, efforts will be made to notify parent(s)/guardian(s). In the event that parent(s)/guardian(s) cannot be reached, the undersigned authorizes Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm, to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending a receipt of specific consent from the undersigned.

Weight Limits. Weight limits are important for the safety and well being of both horses and riders. Please be accurate when disclosing the client’s current weight on our registration form. Limits are: 200 lbs. for ponies and smaller horses and 225 lbs. for larger horses. Notwithstanding the above, Management reserves the right to adjust program options and/or to restrict client participation based on weight and weight distribution.

Photo Release: I/We hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

➡ Opt out: No, I do not consent. _____

I would would not be willing/able to assist with my child's/ward's lesson if additional staff/volunteers are not available. (please check one)

I/We represent that I/We have read this entire agreement (consisting of two pages) and in particular the sections labeled Inherent Risk/Assumption of Risks, Liability Release and Warning. I/We also represent that I/We have read and understand the Policies, Procedures, and Safety Regulations for the Programs held at Ironstone Farm.

Date: ____ / ____ / ____

Signature

Parent/Guardian must sign for all clients under the age of 18.

2010

CHALLENGE UNLIMITED at Ironstone Farm

Physician's Approval

Please complete & return

Name _____ **Date of Birth** _____

Patient's Height _____ **Patient's Weight** _____

Occupation _____

Parent/Legal Guardian _____

Address _____
Street City State Zip

Diagnosis _____ **date of onset** _____

Medical History:

Surgical Procedures: _____

Psychological (include IQ where pertinent) _____

Medications: _____

Visual Impairments _____ **Auditory Impairments** _____

Speech Impairments _____ **Circulation** _____

Neuro-Sensation _____

Balance _____ **Coordination** _____

Spasticity and/or Rigidity _____

Braces _____ **Assistive Devices** _____

Seizures _____ **Incontinence** _____

In my opinion, this patient can receive riding instruction under appropriate supervision.

Precautions or Restrictions to therapeutic horseback riding _____

Physician's Name (print please): _____ **Phone:** _____

Address _____
Street City State Zip

****Physician's Signature:** _____ **Date** _____

****Form must be signed by the Physician**

(rev.11.09)