

Last Name \_\_\_\_\_

**Horse-Related Activity Liability Waiver and Emergency Contact Form Riding Club and/or the Riding Team**

**MUST BE SUBMITTED IN DUPLICATE WITH ORIGINAL SIGNATURES BEFORE PARTICIPATING IN EQUINE RELATED ACTIVITIES**

Participant's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
Address \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Health Insurance Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_

If the above cannot be reached in the case of an emergency, notify:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Family 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 **Riding Club** or **Riding Team**, 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 from \_\_\_\_\_ to \_\_\_\_\_ (date), unless sooner revoked in writing.

Participant \_\_\_\_\_ 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 Johns Hopkins University. 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 Johns Hopkins University, and its officers, employees, and agents (including but not limited to the horses' owners) 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 Johns Hopkins University 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 Johns Hopkins University or off-campus, and understands that The Johns Hopkins University 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 shank.
  - Always wear appropriate clothing including rugged boots.
  - Pick up and replace tack 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.

**PARTICIPANT RESPONSIBILITIES (con't)**

- Comply promptly with all verbal directions of stable personnel, officers, 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.
  
- I am aware that at all times when riding, it is MY RESPONSIBILITY to:
  - Never ride 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 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, 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.

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

Participant \_\_\_\_\_ Date \_\_\_\_\_  
Parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
(for participants under 18)