

Cappaleigh Riding Academy
At Cappaleigh Farm
15345 N. 95th St.
Longmont, CO 80504
cappaleigh@yahoo.com

Release Form

WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

Section 1: ASSUMPTION OF RISK AND WAIVER

I understand that there are inherent risks of serious injury, even death, possible with equine activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, give and release forever any and all liability, and all claims for damages against Cappaleigh Riding Academy and/or Cappaleigh Farm LLC, its/their instructors, administrators, volunteers and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain associated with my/his/her voluntary participation in equine activities.

Patricia LeBlanc, Instructor	Date	Rider/Parent/Legal Guardian	Date
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Section 2: MEDICAL INFORMATION AND TREATMENT RELEASE

In consideration of my/my child's participation and the inherent risks of equine activities that may result in injury/harm requiring emergency medical treatment, I authorize Cappaleigh Riding Academy, its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any Cappaleigh Riding Academy personnel (including, but not limited to organizers, instructors), and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment or exam results and/or diagnosis

Patricia LeBlanc, Instructor	Date	Rider/Parent/Legal Guardian	Date
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RELATED INFORMATION

Rider Name _____

Parent/Guardian _____

Address _____

City/State/Zip _____

Home phone _____ Work phone _____ Cell _____

E-mail _____

Emergency contact _____ Phone _____

Family Physician _____ Phone _____

Rider's Allergies _____

Other Medical Conditions _____

Medications taken by rider _____

Rider's date of birth _____ Medical Insurance Company _____

Policy number _____

SPECIAL INSTRUCTIONS

As a parent/guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.

Parent/Guardian

Date

REPORT OF EXISTING MEDICAL CONDITION(S)

Does the above named rider have any medical condition(s) that may be affected by mounted or unmounted participation in equine activities? _____ Yes _____ No

If you answered YES to the above question, complete Section 3.

**Section 3: MEDICAL RELEASE FOR ACTIVITY PARTICIPATION FOR RIDERS
WITH MEDICAL CONDITION**

RIDER'S NAME

Cappaleigh Riding Academy wishes to take reasonable steps to maintain the safety of its riders. Members with medical disabilities/conditions (including pregnancy) that may be aggravated by mounted or unmounted activities must provide a MEDICAL RELEASE FOR PARTICIPATION Form signed by the examining physician. A copy of this form must be kept on file with Cappaleigh Riding Academy at Cappaleigh Farm.

EXAMINING PHYSICIAN'S RELEASE

Physician's Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

Licensure No. _____ State of: _____

The above named rider has been seen by me on (date) _____

I hereby release the above named rider to participate in mounted and unmounted equine activities. I am familiar with all of the requirements of mounted and unmounted events. If I believe the rider may participate in some of the events, but not others, I will list them below:

Medical Condition: _____

Limitations: _____

Physician's Signature _____ Date _____