
Fremont Hills Stables, Inc.

RELEASE AND EMERGENCY INFORMATION

I, the Rider or Parent/Legal Guardian if the Rider is under 18 years of age, understand the risks and exposures to personal injury and property damage involved through horsemanship activities. I understand the nature and physical characteristics of horses. I hereby release, hold harmless and discharge Fremont Hills Stables, Inc., Windy Hill Equestrians, Inc. and Laura Wainwright, their employees, agents, contractors and/or third parties, from any and all claims which may occur to me, my child, my equipment, and/or my horse for reasons including but not limited to my riding on said premises, riding instructions received, the handling of a horse, or publication of names and photograph(s)/video. I hereby consent to any emergency medical and/or dental treatment necessary for me or my child.

I agree to wear clothes appropriate for working around and riding horses. I will wear hard-soled boots with a defined heel. While riding I must wear an ASTM/SEI approved protective helmet fastened securely under the chin.

I give permission to use my or my child's likeness in photograph(s)/video for promotion and publicity purposes for Fremont Hills Stables, Inc., with or without identification of me or my child by name, in perpetuity. I will make no monetary or other claim against Fremont Hills Stables, Inc. for the above stated use(s), if any, of the photograph(s)/video. Further, I grant permission to use my or my child's picture and/or name for the specific purpose of publication on the website www.fremonthillstables.com. I understand that I may change or withdraw consent for this use by contacting Fremont Hills Stables, Inc. in writing, at the following address: Fremont Hills Stables, Inc., 26941 Purissima Road, Los Altos Hills, CA 94022.

You are responsible for keeping information current and advising Fremont Hills Stables of any changes.

Please Print

Rider's Name _____

Address _____

Telephone Number _____ Email _____

In case of emergency, please contact:

1. _____ Phone _____

2. _____ Phone _____

What is your preferred medical facility/hospital?

Name _____ Town _____

Doctor's Name _____ Phone _____

Are you allergic to any medication? Yes ___ No ___

If yes, please list: _____

What medications are you currently taking? _____

List other pertinent medical information: _____

Insurance Carrier _____ Policy # _____

Rider's Signature _____ Date _____

If Rider is under 18 years of age:

Rider's parent/legal guardian's name printed _____

Signature of parent/legal guardian _____ Date _____