



# Mephibosheth Farms Angelic Riders

## REGISTRATION

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent or Guardian name (if applicable): \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Text? \_\_\_\_\_

Primary Email: \_\_\_\_\_

Parent or Guardian address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Participant is a (circle one): minor      adult w/a legal guardian      independent adult

**Please name any additional caregivers who may transport or be responsible for the participant:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **WARNING!**

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.

**Chapter 99E of the North Carolina Statutes**



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## Medical Form

**In the event emergency medical treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Mephibosheth Farms Angelic Riders to:**

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

### Consent Plan:

\_\_\_ I **DO** give authorization that may include x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_

### Non-Consent Plan:

\_\_\_ I **DO NOT** give my consent for emergency medical treatment aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment is required, I wish the following procedures to take place: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_

### If you consent please fill out the information below:

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_



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## **LIABILITY RELEASE**

### **Liability Release:**

I acknowledge that Mephibosheth Farms has fully explained to me the scope of the equine program, including the potential for injury which can occur from riding or caring for horses. Because of the potential benefits of Mephibosheth Farms Angelic Riders program, I hereby waive any claim which I or the Participant may have against Mephibosheth Farms Angelic Riders it's Board of Directors, instructors, volunteers and/or employees arising out of any injury which the Participant may sustain while involved in the mounted or unmounted equine program at Mephibosheth Farms.

I further understand that in the event of a medical emergency, Mephibosheth Farms will provide basic first aid and/or call 911 and will disclose to emergency medical personnel all available health care information about the Participant. I consent to Mephibosheth Farms initiating such basic first aid and/or emergency medical treatment and disclosing the Participant's available health care information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

### **Photo Release (check one):**

I    do    do not consent to and authorize the use and reproduction by Mephibosheth Farms Angelic Riders, Inc. of any and all photographs and any other audio/visual materials taken of me and/or my family for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program. Additionally, I    do    do not consent to and authorize the use of any testimonial and spoken quotes from me for promotional materials, marketing purposes or any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

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