

ENCANTO VALLEY FARM LLC

~ **Morgan Carr, Trainer** ~

24246 275th Ave SE

Maple Valley, WA 98038

www.encantovalleyfarm.com 425.766.1625 mobile

STUDENT RELEASE

(Name of STUDENT)

(Home Phone)

(Address)

(Date of Birth)

(Name of PARENT/GUARDIAN)

(Home Phone)

(Address)

(Work Phone)

(Family Physician)

(Physician's Phone Number)

(Special Instructions- Other Contacts)

This is a General Release- Please Read Carefully

I/We hereby agree to (i) abide by all of the "Stable Rules & Regulations" (receipt of which is hereby acknowledged); (ii) assume all responsibility and risk arising from participating in equestrian activities at the stable or elsewhere; (iii) hold Encanto Valley Farm LLC, Morgan & Tia Carr, individually and as its Co-Managers and Members, their agents, heirs, representatives and associates (collectively "ENCANTO") free from all damages or liability for any injury to person or property arising as a result of this participation, (iv) provide ENCANTO with 24 hours notice of cancellation of any scheduled riding lesson or equestrian activities (Tuesday lessons must be cancelled Sunday), and (v) pay ENCANTO the full amount of such lesson or activities (no exceptions) if adequate notice is not provided.

Accepted:

(STUDENT's signature)

(Date)

(PARENT/GUARDIAN's Signature if STUDENT is under Age 18)

(Date)

The undersigned, PARENT/GUARDIAN of STUDENT, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific of any specific diagnosis or treatment which may be required, but is given to encourage the ENCANTO staff, hospital staff, and such physician to exercise their best judgement as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances, and other medical charges reasonable and necessarily incurred.

Accepted:

(STUDENT's Signature)

(Date)

(PARENT/GUARDIAN's Signature if STUDENT is under Age 18)

(Date)

****Please provide a copy of current insurance card****