

HORSE RIDE EMERGENCY & LIABILITY FORM

OUTLAW RANCH

12703 Outlaw Ranch Road, Custer, SD 57730
605-673-4040 phone 605-673-3044 fax

DATE: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ BIRTHDATE: _____ MALE FEMALE

PARENT OR GAURDIAN (if minor): _____

ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____

I WILL RIDE Outlaw/AMR Horse My Own Horse.

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ Relationship: _____

Address: _____ Phone: _____

LIST ANY CONDITIONS YOU MAY HAVE:

Dietary restrictions: _____

Any known allergies: _____

Respiratory problems: _____

Heart defects: _____

Recent operations or illnesses: _____

Medications: _____

Visual impairments: _____ Physical impairments: _____

Other special restrictions or considerations while at camp: _____

Warning: under South Dakota Law, an equine professional is not liable for any injury or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to SD 42-11-2.

This health information is correct so far as I know, and I understand the risk in engaging in all prescribed camp activities. **Authorization for Treatment:** I hereby give permission to the camp health care personnel to provide routine health care, and to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me, and to secure and administer treatment, including hospitalization. I give permission for my or my child's photo to be used for publicity purposes.

Signature of Parent/Guardian

Or Adult Camper _____ Date: _____