



Pleasant Valley Kids Horse Program
VOLUNTARY RELEASE AND INDEMNITY AGREEMENT

I HAVE CAREFULLY READ THIS VOLUNTARY RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT IT IS A RELEASE OFF ALL CLAIMS. I ASSUME ALL RISKS RELATED TO MY PARTICIPATION IN HORSEBACK RIDING, PONY PARTIES AND OR TRAINING. I HAVE EXECUTED THIS RELEASE VOLUNTARILY, EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS.

Executed at Aptos, California, on _____, (date)

Print name

Signature

PARTICIPANTS UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENTS OR LEGAL GUARDIAN(S):

We, _____ and _____ are the parents or

Legal guardian(s) of _____. We confirm that we have read the foregoing Voluntary Release and Liability Agreement and understand its contents. We understand that it is a release of all claims. We assume all risks related to our child's participation in the horseback riding, training, camp activities: swimming, trampoline, and sport activities. We expressly agree that the terms and conditions of the Voluntary Release and Indemnity Agreement shall apply to and be binding upon us and our minor child in all respects insofar as it pertains to his or her participation and to any injury, death, damages or property damage our child or his or her horse and/or equipment may sustain or cause as a result of such participation. We hereby authorize HALF and its employees, principals and agents to initiate emergency first aid treatment for our child in the event of an accident. We also hereby authorize all necessary emergency medical treatment by professional personnel in such event. We warrant that we have health and accident insurance covering our child.

Executed at Aptos, California on _____ (date)

Mother

Father

Legal Guardian

**DECLARATION OF WITNESS: I certify that _____
Acknowledge in my presence that he/she has read and fully understood the meaning and consequences of the foregoing release and signed it in my presence.**

witness

(date)



Pleasant Valley Kids Club Emergency Card

Child's Name _____

Phone _____

Address _____

Date of Birth _____ Allergies _____

Medical Insurance Company _____

Policy Number _____

Doctor's Name _____ Phone _____

Doctor's Address _____

In case of an accident or serious illness, I request Pleasant Valley Kids Club to contact me. If I am unable to be reached, I hereby authorize Pleasant Valley Kids Club to seek emergency medical treatment as necessary. It is understood that Pleasant Valley Kids Club or its authorized agents will not be held responsible for the costs of such care.

Parent Signature _____ Phone _____

Parent Signature _____ Phone _____

The following people are authorized to pick up my child:

April 15, 2007

I _____ agree to let Pleasant Valley Horse Club (PVHC)

post a picture of my child _____ on the Pleasant Valley

Horse Club website.

I understand the following:

- Picture might include a first name, but no last names will be posted.
- No child's home address or personal phone numbers will be posted.
- Picture might include a statement from my child about their participation in PVHC.

Pictures are solely to be used on PVHC Website for the purpose of informing the public about PVHC and will not be used on any other location or for any other purpose.