

## PERSONAL INDEMNITY AGREEMENT

I do hereby acknowledge that there are certain risks of injury associated with my/child's riding, driving, handling horses, taking instruction or just being on the property known as **Greystone Stables, Inc.**. I further acknowledge that there are risks of damage, destruction or theft to my/child's tack, horse or pony that may arise at any time. Horses by their very nature can behave unpredictably and can among other things, spook, buck, rear, bit, kick and break loose from handlers for other enclosures.

I agree to indemnify and hold harmless **Greystone Stables, Inc., The Moraski Family, and JEPHDACO, Inc.** its proprietors, owners, employees, clients, and guests and each of them, of and from any loss, damage, cost, expense, claim, liability, and causes of action arising out of my riding, boarding, driving, handling horses, taking instruction, being on the property, or "acts of God".

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ if minor, Parents Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL RELEASE FORM

If medical care is required for \_\_\_\_\_ (name of student) in conjunction with any Greystone Stables activity, and if normal permission is not available in a timely manner, the undersigned **authorizes appropriate medical care** as is deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

### INFORMATION:

Student: \_\_\_\_\_

If minor: Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

Person to notify in case of an emergency:

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

For minor: If Parent or Guardian is unavailable, please contact (list relationship):

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medical Problems/Medication: \_\_\_\_\_

As a Student of Greystone Stables, please administer any necessary medical treatment if I am unable to request treatment myself. As the Parent or Guardian of the above named child, please attempt to contact me at the time of accident or illness without postponing medical treatment.

**I have read the entire release and agree to it's content**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ if minor, Parents Signature: \_\_\_\_\_