Parent or Guardian Release, Waiver and Emergency Medical Authorization For Minors

acknowledge, and agree to the release, indemnificational allowing my child, or this minor, to participate in equing execute this release on behalf of the participant and recommunicate by an emergency or accident while parthereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any hereby give my permission to any physician and any physician any physician and any physician and any physician any physician and any physician any physician and any physician any physician any physician and any physician any physician any phys	nd the respective heirs, successors, and assigns of each, I accept, on and waiver of liability contained in this Agreement as inducement for the activities at or through Stirrup Hope and Trinity Oaks Farm and I my own behalf. In the event that the participant is rendered unable to icipating in equine activities at Stirrup Hope and/or Trinity Oaks Farm, I realth care facility to render any appropriate medical care to the on, tests, medication, anesthesia and surgery. A copy (including facsimile) original.
Participant 1	Parent or Legal Guardian of Participant(s)
Name:	Signature:
Birth Date:	
	Print Name:
Participant 2	Relationship to Participant(s):
Name:	Date Signed:
Birth Date:	<u> </u>
	Medical Authorization
	municate by an emergency or accident while participating Oaks Farm, I hereby give my permission to any physician

In the event that I am rendered unable to communicate by an emergency or accident while participating in equine activities at Stirrup Hope and Trinity Oaks Farm, I hereby give my permission to any physician and any health care facility to render any appropriate medical care to the participant, including but not limited to hospitalization, tests, medication, anesthesia and surgery. A copy (including facsimile) of this Authorization shall have the same effect as the original.

Participant
Signature:
2.1.11
Print Name:
Birth Date:
Date Signed: