

MEDICAL RELEASE FORM FOR CAMP IRON HORSE 2008

Please print clearly

• **Assumption of Risk Waiver**

I understand that there are inherent risks of serious injury or even possible death associated with equine activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever and all liability, and all claims for damages against Iron Horse Farms, Employees, Instructors, administrators, and Volunteers for any and all injuries and/or losses I/my son/daughter/my ward may sustain with my child's voluntary participation in Camp Iron Horse activities.

_____ Date _____ Date _____
Parent signature/Legal Guardian Camper

• **Medical Information and Treatment Release**

If medical attention is required for _____ (camper) in conjunction with any camp activities, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical attention as deemed necessary by staff of Iron Horse Farms Inc., physician, or medical facility providing treatment.

• **Related Information**

Parent or Guardian _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Email _____ Cell phone _____

If Parent of Guardian is NOT available, Contact:

Name _____ Phone _____

Physician _____ Phone _____

My Child is allergic to _____

Other Medical conditions _____

My Child Takes the Following Medication(s) _____

For _____

I give permission for the Iron Horse staff to give my child over-the-counter medicines (such as Tylenol, Motrin, Benadryl) _____ yes _____ no

Child's Birthdate _____

Medical Insurance Provider _____

Policy/Group Number _____

Hospital Preference _____

• **Special Instructions** _____

• **Warning**

Under Georgia Law, an equine activity sponsor or equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 Title 4 of the official code of Georgia Annotated.

I HAVE READ THIS ENTIRE AGREEMENT AND AGREE TO IT:

_____ Date _____
Parent/Guardian Signature

Print name