

An Authorization for Emergency Medical Treatment

I, _____ (Parent's name),
of _____ (address),
am the mother/father) of _____ (child's name).

I am aware that horseback riding involves certain inherent dangers of injury. I am also aware that in Terryville, Connecticut, the Bristol Hospital is the nearest medical facility. In the event that my son/daughter sustains an illness or injury, I hereby authorize the officials to take my son/daughter to the Bristol Hospital for treatment.

I also hereby authorize the physicians of the hospital staff and whomever they may designate as their assistants, to perform such emergency treatment and procedures as they deem advisable.

I understand that a personal physician must be selected by or on behalf of a patient if hospitalization of further treatment is required.

Parent's signature _____

Date _____

Signature of Notary _____

Printed Name of Notary _____

My Commission Expires on _____

SEAL

Allergies: _____

Medications: _____

Most recent tetanus toxoid injection: _____

Blue Cross/Blue Shield coverage: Yes _____ No _____

Certificate # _____ Group # _____

Other Insurance: _____

Policy numbers: _____

Agreement and Waiver of Liability

I hereby enter my child, at my own risk, subject to all the rules and regulations of this Program. I further agree that if any injury occurs to my child, I will make no claim therefore against TerryAllen Farms, and Mark Borkoski, Caroline Borkoski, and Samantha Borkoski, (collectively "the Borkoski's"). I further agree to hold TerryAllen Farms and the Borkoski's free and harmless from any liability, claims, suits, or damages and expenses including any attorney's fees incurred, arising out of any injury to my child.

Signature of Parent: _____ Date: _____