



# WATERSHIP DOWNS LLC

## Kelsey Overbey Boos

### AGREEMENT AND RELEASE

Please PRINT in BLACK PEN to allow clear copies to be made.

Name of Rider: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, Michigan Zip Code: \_\_\_\_\_  
Contact Lenses? Y / N Date Last Tetanus Shot: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications/ Medical Conditions: \_\_\_\_\_

**\*\*\* A TETANUS SHOT WITHIN THE LAST (8) YEARS IS REQUIRED FOR ALL STUDENTS AND BOARDERS**

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ Member #: \_\_\_\_\_

***If rider is a minor, fill out the following section:***

Mother's Name: _____	Father's Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Pager: _____	Pager: _____
Rider Lives With? Mother Father Both	Other: _____
Who Has Custody? Mother Father Both	Other: _____

***For All Riders:***

***In case of emergency, call:***

Name: _____	Relationship: _____
Address: _____	Phone #1: _____
_____	Phone #2: _____
Name: _____	Relationship: _____
Address: _____	Phone #1: _____
_____	Phone #2: _____

OVER

**AGREEMENT AND RELEASE (READ CAREFULLY)**

1. **WARNING: Under the Michigan Equine Liability Act, an equine professional is not liable for any injury to or the death of a participant in an equine activity resulting from the inherent risk of the equine activity.**
2. I understand that horses are dangerous and sometimes unpredictable animals and that horseback riding is a very dangerous sports; and, furthermore, that horseback riding will expose me (or my child) to above normal risks.
3. I agree to assume all responsibility for risks from leasing horses, riding horses, boarding, taking part in any activity, such as clinics, trail riding, or any other activity whatsoever, with Watership Downs.
4. I agree that Watership Downs, their employees, trainers, and agents will not be held liable if I (or my child) suffer personal injury or even death.
5. I agree that in signing this agreement I am giving my consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital service that may be rendered to rider under the general or specific instructions of any physician or hospital. I understand that this consent is given in advance of any specific diagnosis or treatment that may be required, but this is given to encourage the Watership Downs staff, Hospital staff, and such physicians to exercise their best judgment as to the requirements of such diagnosis or treatment.
6. I agree to pay all fees to doctors, hospitals, ambulances and other medical charges reasonably and necessarily incurred.

**PLEASE SIGN BELOW TO ACKNOWLEDGE HAVING READ AND UNDERSTOOD THIS AGREEMENT.**

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

**SIGNATURE OF CUSTODIAL PARENT(S) IF RIDER UNDER 21**

***IF JOINT CUSTODY, BOTH PARENTS MUST SIGN BEFORE ONE MAY RIDE ON THE PREMISES***

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_