

CAMP CARTER YMCA HORSEBACK RIDING INFORMATION FORM & RELEASE



Note: Children must be 7 years of age or older to ride without parental assistance. Ring rides are offered for younger children.

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Are you currently taking medication (prescribed or otherwise)? Yes _____ No _____

If yes, what are you taking & how does it affect you? _____

Do you have any allergies or reactions to medications? Yes _____ No _____

If yes, please identify & explain: _____

Do you wear contact lenses? Yes _____ No _____

Have you had surgery in the past year? Yes _____ No _____

If yes, please explain: _____

Do you have any physical conditions that would prevent you from participating in horseback riding?

Yes _____ No _____

If yes, please explain: _____

RELEASE OF LIABILITY:

I am aware that **all** participants must wear a riding helmet, long pants and proper riding boots. I also understand that as a participant I will assume the risk of physical injury that could result from this activity. I also understand the Wrangler will teach Stop, Start and Turn procedures to each group in the arena and that said Wrangler will make the decision if the group as a whole can ride out of the arena on a trail ride. If **all** participants in the group cannot control his or her horse the Wrangler may make the decision to continue the ride only in the arena area. By signing this release, I further understand:

The YMCA of Metropolitan Fort Worth will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent/child events & outings, special events, sports programs, or any related YMCA sponsored activities. Certain risks of injury are inherent during participation in these programs and events. Nor will the YMCA of Metropolitan Fort Worth be responsible for any lost or stolen items while members and/or program participants are using YMCA facilities, on YMCA premises, or on off-site YMCA programs locations. I, the undersigned for myself and my heirs, do hereby release the YMCA of Metropolitan Fort Worth and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation, including any injury caused by the negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to the YMCA of Metropolitan Fort Worth to use photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting YMCA programs for no compensation.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 19) _____ Date: _____

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODES), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.