LIABILITY RELEASE AND CONSENT FORM

please read carefully

STUDENT'S NAME:	A CONTRACTION OF THE STATE OF T	
Address and Zip Code:	and a required white	TO THE STATE OF TH
Phone Number/s:		
Date of Birth: if under age 18, please	e indicate parents or legal guardian below	
NAME/S:		STOCKTON'S
Address and Zip Code:		DI OORII OI D
Phone number/s:	Maria 194	TIMUM UNITEDIA
	CY CONTACT (in order of preference):	STABLES E 7479 W. Titan Road, Littleton, CO 80125
NAME: PHONE/S:	7 507	303 791~1966
Relation to you:		
NAME: PHONE/S: Relation to you:	1WL 128	
Check this box to indicate you have read and agree with this statement I UNDERSTAND THAT HORSE ACTIVITIES WILL EXPOSE ME TO ABOVE NORMAL RISKS, AND HEREBY AGREE TO BE FULLY RESPONSIBLE FOR MY OWN SAFETY.		
print your name here		
Ι,		, hereby acknowledge the
inherent risks and agree that Sto therapists, aides, versional injury or owillful and wanton horse-related active assigns, executors against Stockton's aides, volunteer enlosses sustained will choose not to we cotherwise required	d potential for risks in horse-related ckton's Plum Creek Stables, Ltd.'s own colunteers, agents, affiliates, and heirs death of myself, my animals or any observation of misconduct as described by current Colities outweigh the risks and hereby less or administrators to waive and release Plum Creek Stables, Ltd., its owners, on ployees, agents, affiliates and heirs for hile participating in or attending any hear an ASTM/SEI approved helmet d) by writing my initials in this box:	activities. I am over the age of 18 ders, directors, instructors, will not be held liable for server except in clear cases of blorado law. I feel the benefits of gally bind myself, my heirs and a forever all claims for damages directors, instructors, therapists, or any and all injuries and/or orse-related activities.
I HAVE READ	THIS CONTRACTUAL AGREEM	IENT BEFORE SIGNING IT

DATE

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

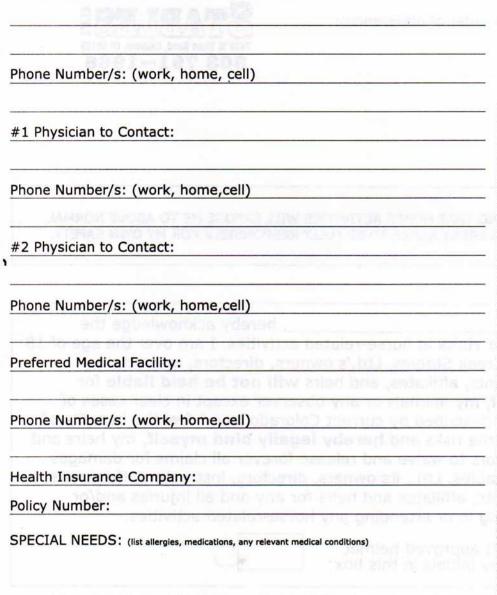
please read carefully

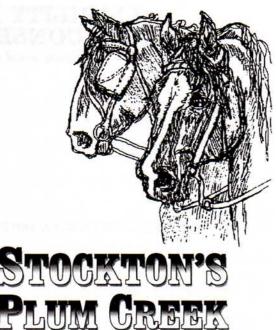
THIS INFORMATION WILL BE KEPT CONFIDENTIAL, TO BE USED IN EMERGENCIES ONLY

In the event emergency medical treatment is required while participating in horse-related activities at or affiliated with Stockton's Plum Creek Stables, I hereby authorize them or their agents to:

- 1.) Secure and retain any necessary medical treatment
- 2.) Release client records on request to authorized individuals or agency providing emergency treatment.
- 3.) Proceed with treatment/s deemed "life saving" by the attending physician if contact persons below cannot be reached in a timely manner.

Name/s of Guardian/Guardians





303 791~1966

initial this box NON-CONSENT

I **DO NOT** give my consent for emergency medical treatment. Instead,follow these specific procedures during an emergency: