



Free Artists Creative Equestrians / Devon Maitozo
Waiver and Release of Claims - Hold Harmless Agreement
(Parental Consent - Minor Participation)

In consideration of this participant being allowed to vault and/or ride a horse owned, leased, borrowed or under the instruction of Free Artists Creative Equestrians (F.A.C.E.) / Devon Maitozo, the undersigned agrees to the following:

I agree that vaulting and horseback riding are sports that carry inherent risks of injury and damage to myself and property. I knowingly assume all risks, whether known or unknown, of vaulting and horseback riding. Knowing these facts, I nevertheless in consideration of your acceptance of this form, for myself and my heirs, executors and administration hereby indemnify, waive, release, discharge and hold harmless Free Artists Creative Equestrians (F.A.C.E.) / Devon Maitozo, and all individual members thereof, and all other persons and organizations in any way connected with F.A.C.E. against all claims, demands and causes of action including court costs and actual attorney fees, directly or indirectly arising from any action or proceeding brought by or prosecuted from my benefit in which this release is upheld.

In consideration of my participation in this club and in any events organized or sponsored by the club, I waive, release and discharge Free Artists Creative Equestrians (F.A.C.E.) / Devon Maitozo, their directors, officers, agents, members, their representatives, heirs, executors and all other persons and organizations connected against all claims of liability for injury or damage to myself.

This release is intended to and hereby discharges in advance the persons or entities named above from all liability arising out of or connected to in any way, to my participation or my child's participation in vaulting or horseback riding even though that liability may arise out of negligence or carelessness on the part of the persons or entities named and released above.

I do acknowledge that I have read this Release of Liability and know, understand and agree to its contents.

Parent or Legal Guardian Must Sign This Section For All Minor Participants:

Participant's Name _____ Date of Birth _____

Participant Signature (if over 18) _____ Date ___/___/___

Parent/Guardian Signature (if under 18) _____ Date ___/___/___

Phone #1 _____ Phone #2 _____ e-mail _____

Address: _____

City: _____ State: _____ Zip: _____



Free Artists Creative Equestrians Consent to Treat Form

(I) (We), the undersigned, vaulter, participant, coach or parent(s) of the minor(s) listed below, do hereby authorize any adult member of Free Artists Creative Equestrians, as agent(s) for the undersigned, my consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician / surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my (our) aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Vaulter's Name _____ Birth Date _____

Emergency Contact Name _____ Relationship _____

Phone #1 _____ Phone #2 _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Physician _____ Dentist _____

Insurance Provider: _____ Insurance Co. Phone # _____

Group Number: _____ Subscriber Number: _____

(Please send a copy of insurance card, if available)

Please list all known allergies, sensitivities to medications, or other medical conditions

List any medications minor may have for use daily or as necessary:

Date of most recent tetanus shot: _____

Signed (Parent / guardian if vaulter under 18): _____

Print Name _____ Date _____ Relationship to Minor _____