

Medical Release for Minors

The undersigned as a parent or legal guardian of the minor child,
_____, does hereby give Stella Prescott and Star Ridge Stables full authority to make any and all decisions regarding medical treatment of care deemed necessary or advisable by her in the event if any accident or illness to my child while participation either directly or indirectly in any manner associated with horseback riding or showing activities.

The undersigned further acknowledges and agrees that they will be completely and wholly responsible for the payment of any and all such medical bills and do further hereby agree to fully indemnify, release and hold harmless Stella Prescott and Star Ridge from any liability or claims that may arise out of the child's injuries or medical treatment or care given as a result thereof.

Parent/ Guardian's Name

Phone Number

Parent/ Guardian's Signature

Date

Insurance Company Name

Policy Number

Allergic to any medicines? If yes please list _____