

NOTICE

The Academy of Equestrian Sciences integrates both classroom style teaching and physical activity into the instructional curriculum. Each participant is encouraged to choose their level of active participation in the programs offered by this Academy. Please note that The Academy administers medications only in emergencies, and we accept no responsibility for determining an individual's fitness to participate in the programs. Any questions you may have about you or you or your child's ability to participate should be directed to your physician. The information you are providing in this Health and Medical Record will be treated confidentially. It will not be released to anyone without your permission, except in an emergency situation where you are unable to otherwise communicate your wishes. By signing below, you agree to allow the Academy to render emergency medical treatment to you and/or your minor child, and to arrange for transportation to the nearest medical facility.

This program and event may be physically strenuous, and you hereby acknowledge that participation in the program will be physically demanding and that you are aware of, and accept the associated medical and physical risks, on behalf of yourself and your child. You, or your child, is physically capable of participating in this program and agree that the American Academy of Equestrian Sciences, European Sport Horses of America, Inc., their officers, agents, affiliates, employees, sponsors, or medical advisors are not responsible for any injury or illness that you or your child may suffer as a result of participation in this program.

Signature of Rider or Parent/Guardian if under 18

Print Name

Date

Authorized Stable Representative

Print Name

Date

Printed Name

Printed Name of Rider



19844 James Monroe Highway, Leesburg, VA 20175

Release and Hold Harmless Agreement

I, _____, herewith agree to hold ESHA and the American Academy of Equestrian Sciences, their owners, agents and staffs harmless for injury to, or the death of myself, my horse, my property, and/or my charges resulting from the inherent risks of participation in equine activities. I understand that any accident/injury which may occur during the course of training is solely my responsibility, and I am entering the training program at my own risk.

In the Commonwealth of Virginia, an equine professional or equine activities sponsor is not liable for any injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature of Participant or Parent/Guardian if under 18

Print Name

Address

Telephone Number