

SOLID STRIDES
Waiver, Media Release, Consent to Seek Medical Care

I UNDERSTAND THAT RIDING IS A HIGH RISK SPORT AND INVOLVEMENT WITH HANDLING AND RIDING HORSES HOLDS A POTENTIAL DANGER. I will at all times wear an approved safety helmet when riding horses at Solid Strides.

I understand that horses are not machines and can do unpredictable things that may cause me (or the rider if under 18yrs, to whom this form refers) to sustain an injury. I accept this risk and will not hold Solid Strides, Katie Ebbage Equestrian, LLC, Katie Ebbage, KATSTE, LLC and/or any staff or other clients liable for any injury or illness that may arise to myself (or the rider under 18 years to whom this form refers), for whatever reason as a result of handling horses or riding.

Under Oregon Law, ORS 30.687 to 30.697, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

_____ Printed
Name of Participant Date

_____ Signed
(Parent of Minor Participant) Printed Name of Parent

I authorize consent for Solid Strides, its owners and agents, to seek medical treatment, including transport, for the above mentioned student in the event we cannot reach an emergency contact.

Signature of Student/Parent Primary Care Provider

Insurance Company (If Applicable) Insurance ID

Preferred Hospital Dentist

I agree to release the image of myself or my child for use in publications, fliers, advertising and on social media.

Signature of Student/Parent Printed Name of Parent