



Eagle Mountain Ranch Boarding and Training

805 Lakewood Road
Arlington, WA 98223
Phone: 360-654-9994

Email: eaglemountainranch@yahoo.com Website: eaglemtnranch.com

Release and Hold Harmless Agreement

The undersigned assumes the avoidable risks inherent in all related activities, including but not limited to, bodily injury and physical harm to horse, rider, and spectator. In consideration therefore, and for the privilege of riding and/or working around horses at Eagle Mountain Ranch, located at 805 Lakewood Road, Arlington, Washington, the undersigned does hereby agree to hold harmless and indemnify Eagle Mountain Ranch, Kim McLaughlin, Morris Training, Skagit Valley Ropers, and _____ and further release them from any liability or responsibility for any accident, damage, injury or illness to the undersigned or to any horse owned by the undersigned or to any family member spectator accompanying the undersigned on the premises of Eagle Mountain Ranch.

Print Name: _____ Date of Birth: _____
(Please provide if under the age of 18)

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____ Email: _____

Emergency Contact and Phone: _____

Signature: _____

Purpose of visit: Haul in Lesson: Kim McLaughlin / Morris Training Clinic/other _____
(Please check one) *(Please circle one)* *(Client Name/Board Name)*
(Please indicate the following if applicable)

Horse's Name: _____
My horse is current on Vet recommended shots and worming. _____ *initial*

Hard Hat Waiver

(Only for people who do not wish to wear a helmet)

I, the undersigned, recognize the dangers inherent with horseback riding. I know that wearing a helmet can help prevent permanent brain damage in the event of an accident. Against the advice of the owner of Eagle Mountain Ranch, The Wrangler Guide and the Insurance Company, I am electing to **NOT** wear a riding helmet. R.C.W.4.24.53-54-55. *I have read and understand the above waiver.* Signature: _____ Date: _____

To avoid any unnecessary delay in the event of emergency, please answer the information below and sign release.

Allergies: _____

Date of last Tetanus: _____ Primary Physician: _____ Telephone: _____

Emergency Medical Release for Adult/Minor Rider:

If emergency medical care is required for myself/my child, *(child's name)* _____, and if I or an accompanying relative is not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. *I have read this entire release and agree to it.*

Signature: _____ Date: _____

(Signature of Parent/Guardian if under age 18)