



CEDARHILL FARM

MEDICAL CARE INSTRUCTIONS

In the event of a medical emergency, Cedarhill Farm, Inc. and its staff has my permission to seek medical care for:

RIDER NAME

In the event of a medical emergency that requires ambulatory transportation, I request that I be taken to:

NAME OF HOSPITAL / MEDICAL FACILITY and LOCATION

PRIMARY PHYSICIAN CONTACT

AGREED TO BY:

SIGNATURE OF RIDER / DATE

SIGNATURE OF PARENT/GUARDIAN / DATE

Please list any allergies to medicine or insect bites:

As Needed, Cedarhill may give me, or my child the following: (Please circle)

Benadryl (oral, for insect bites) Children's Tylenol Children's Advil

Sunscreen

Topical Sting Medication



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RELEASE & HOLD HARMLESS AGREEMENT

The Undersigned assumes the unavoidable risks inherent in all horserelated activities, including but not limited to bodily injury and physical harm to rider, spectator and horse. In consideration, therefore, for the privilege of riding and/or working around horses at Cedarhill Farm, Inc., located at 2620 Waxhaw Marvin Road, Waxhaw, NC the Undersigned does hereby agree to hold harmless and indemnify Cedarhill Farm, Inc. and staff, and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

AGREED TO BY:

RIDER NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

EMERGENCY CONTACT: _____

HOME PHONE: _____ CELL: _____

SIGNATURE OF RIDER / DATE DATE

SIGNATURE OF PARENT/GUARDIAN / DATE DATE