

Medical Release

I, \_\_\_\_\_, parent of minor child, \_\_\_\_\_ hereby give consent for JOYCE MCGHEE and/or her appointee to provide my child with non-emergency medical treatment. I also authorize Mrs. McGhee and/or her appointee to seek necessary emergency medical treatment for my child including emergency transportation to a medical facility. I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, and treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for my child.

I recognize that certain hazards and dangers are inherent in the camp events and I acknowledge that although Joyce McGhee has taken all safety measures to minimize the risk of injury to camp participants, she cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I will not hold JOYCE MCGHEE, RICHARD MCGHEE AND/OR WINNERS CIRCLE ENTERPRISES responsible for such accidents or injuries.

Releasers are fully aware that there is inherent risk involved in equine activity. Such risk may include but are not limited to:

- 1) The tendency of an animal to behave in ways that may result in injury, harm or even death to persons on or around them.
- 2) The unpredictability of an animal's reaction to such things as sounds, sudden movements, and unfamiliar objects, persons or other animals.
- 3) Certain hazards such as surface and subsurface conditions.
- 4) Collisions and contact with other animals or objects

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Relationship to Child)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)