



Christine Marie's StarRiders 2010 CONSENT FORM

RELEASE AND WAIVER: I,

_____ (print name) hereby

volunteer to participate in activities provided by Christine Marie's STAR Riders- Recreational Riding Program

I understand that horses are animals and as such could be dangerous and I could be injured while around and working with horses. I understand that a horse may bite, could step, push or kick me with their feet or body without any warning. Knowing this information the undersigned hereby agrees to release and discharge Christine Marie's STAR Riders, its officers, board of directors, and volunteers, the City of Marina and the Marina Equestrian Association from all claims, demands, actions or causes of action, which the participant, his or her personal representatives, heir and next of kin, may or might have against STAR Riders, its officers, agents, employees and volunteers, the City of Marina, and Marina Equestrian Association on account of injury to or death of the participant, or damage to the property of the participant arising out of their participation in any activities. The undersigned further agrees to indemnify and hold harmless Christine Marie's STAR Riders from any loss, liability, medical bills, damage, or any other costs that may be incurred due to the acts of the participant during their participation in sponsored activities.

PHOTOGRAPHIC RELEASE: The undersigned does hereby give consent to Christine Marie's STAR Riders to photograph the participant, without limitation, to use such pictures, name in newspaper articles, stories, web page, video in connection with any of the work of said Christine Marie's STAR riders without consideration of compensation of any kind, and does hereby release said Christine Marie's STAR Riders from any claims whatsoever which might arise in said regard. int (_____)

I agree to disclose any health or medical condition in writing now or any change in the future that could affect my ability to participate or volunteer in any activity. Int()

RELEASE: In the event that an emergency should arise while the above person is participating in a sponsored activity, an effort will be made to contact the parents /guardian. If they cannot be reached, the undersigned authorizes CMSTAR Riders DIRECTOR or volunteers to select and designate nurses, physicians and surgeons to furnish such medical and/or surgical care as, is in the judgment of a physician and/or surgeon holding a physician's certificate issued by the Board of Medical Examiners of the State of California, may be needful and proper. The undersigned absolves the Christine Marie's STAR Riders, its employees and volunteers, and nurses, physicians, and surgeons selected and designated by them, from any and all liability for their acts ,or payment for any act rendered in good faith. I have read and will comply with all the above.

Signature _____ Date _____ (Relationship if under age 18)
. Phone _____
Number _____ Address _____

Emergency contact person _____ Phone number _____

List any medical condition that you have _____

PARENTS' / GUARDIANS' SIGNATURE REQUIRED, UNDER 18 YEARS OLD.