



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP CARTER YMCA HORSEBACK RIDING INFORMATION FORM & RELEASE

Note: Children must be 8 years of age or older to ride without parental assistance.

Participants Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Are you currently taking medication (prescribed or otherwise)? Yes ___ No ___
If yes, what are you taking & how does it affect you?

Do you have any allergies or reactions to medications? Yes _____ No _____
If yes, please identify & explain:

Do you wear contact lenses? Yes ___ No ___
Have you had surgery in the past year? Yes ___ No ___
If yes, please explain:

RELEASE OF LIABILITY:

I am aware that **all** participants must wear a riding helmet. I also understand the Wrangler will teach Stop, Start and Turn procedures to each group in the arena and that said Wrangler will make the decision if the group as a whole can ride out of the arena on a trail ride. If all participants in the group cannot control his or her horse the Wrangler may make the decision to continue the ride only in the arena area.

The YMCA of Metropolitan Fort Worth will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent/child events & outings, special events, sports programs, or any related YMCA sponsored activities. Certain risks of injury are inherent during participation in these programs and events. Nor will the YMCA of Metropolitan Fort Worth be responsible for any lost or stolen items while members and/or program participants are using YMCA facilities, on YMCA premises, or on off-site YMCA programs locations. I, the undersigned for myself and my heirs, do hereby release the YMCA of Metropolitan Fort Worth and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation, including any injury caused by the negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to the YMCA of Metropolitan Fort Worth to use photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting YMCA programs for no compensation.

Participant Signature: _____
Date: _____
Parent/Guardian Signature (if under 19): _____
Date: _____

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODES), AN FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

