

Moss Landing Summer Riding Camp 2019

Medical Release Form

Please read and complete this form. Your child WILL NOT be allowed in Horse Camp unless our records indicate that this form has been properly completed and signed.

Camper: _____ Date: _____

Please read and sign the statement below:

Moss Landing carries liability insurance, but not medical insurance. A participant's family policy must cover any costs incurred. I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached, and I agree to release all personnel for any liability in connection with this activity. I do grant permission for transportation in case of an emergency.

Parent/Guardian Signature: _____

Parent/Guardian Home Phone: _____ Cell: _____

Insurance Company: _____ Policy Number: _____

Please give the names of any relatives or friends who will be responsible for your camper(s) when you cannot be reached. Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please inform us in writing of any medical condition (severe allergic reaction, asthma, etc. or any medication currently being taken) that would merit our attention. PLEASE USE THE BLANK SPACE BELOW TO LIST ANY SUCH MEDICAL CONDITION.