

Moss Landing Summer Riding Camp 2024

Medical Release Form

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

Camper Name: ~~X~~ _____

Dates of camp week: ~~X~~ _____

A participant's family policy must cover any costs incurred.

Please read below and acknowledge with your signature:

- * I understand that every precaution is taken to protect the safety of each participant.
- * I agree to emergency treatment by a physician/hospital in the event that I cannot be reached.
- * I grant permission for transportation in case of an emergency.
- * I agree to release all personnel for any liability in connection with this activity.

Parent/Guardian Printed Name: ~~X~~ _____

Parent/Guardian Signature: ~~X~~ _____

Parents/Guardians Cell Phones: ~~X~~ _____

Insurance Company: ~~X~~ _____ Policy Number: ~~X~~ _____

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

Name/Relation: ~~X~~ _____ Phone: ~~X~~ _____

Name/Relation: ~~X~~ _____ Phone: ~~X~~ _____

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 OR ON THE BACK TO LIST SUCH MEDICAL CONDITION(S):