

Moss Landing Summer Riding Camp 2018 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: \_\_\_\_\_

Moss Landing carries liability insurance, but no 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: \_\_\_\_\_

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.