



2009 MEDICAL RELEASE FORM

USPC ♦ 4041 Iron Works Pkwy ♦ Lexington, KY 40511-8483 ♦ (859) 254-7669 ♦ memberservices@ponyclub.org

PROPERTY OF THE UNITED STATES PONY CLUBS, INC.

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Section 1. ASSUMPTION OF RISK AND WAIVER

I understand that there are inherent risks of serious injury or even death possible with equine activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever any and all liability, and all claims for damages against The United States Pony Clubs, Inc. (USPC), Board of Governors, Instructors, Administrators, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain associated with my child's voluntary participation in USPC activities.

OR

ORIGINAL SIGNATURE OF USPC MEMBER APPLICANT DATE
REQUIRED IF APPLICANT IS OF THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE

ORIGINAL SIGNATURE OF APPLICANT'S PARENT OR LEGAL GUARDIAN DATE
REQUIRED IF APPLICANT IS UNDER THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE

Section 2. USPC MEDICAL WAIVER AND TREATMENT RELEASE

In consideration of my/my child's participation in a United States Pony Club, Inc. (USPC) activity, and the inherent risks of equine activity that may result in injury/harm requiring emergency medical treatment, I authorize the United States Pony Club, Inc., its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any USPC activity personnel (including, but not limited to, organizers, instructors, test examiners, chaperons), and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results and/or diagnosis.

I have read this entire release and agree to it.

OR

ORIGINAL SIGNATURE OF USPC MEMBER APPLICANT DATE
REQUIRED IF APPLICANT IS OF THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE

ORIGINAL SIGNATURE OF APPLICANT'S PARENT OR LEGAL GUARDIAN DATE
REQUIRED IF APPLICANT IS UNDER THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE

RELATED INFORMATION

Club No. _____ Club Name _____ Region _____

Member Name _____ Birth Date ____/____/____

Parent(s)/Legal Guardian(s)/Spouse _____

Address _____

Home No. (____) _____ - _____ Cell No. (____) _____ - _____ Work No. (____) _____ - _____

If Parent or Guardian is unavailable,

Contact _____ Phone No. (____) _____ - _____

Family Physician _____ Phone No. (____) _____ - _____

My child is allergic to _____

Other medical conditions _____

My child takes the following medications _____

_____ for _____

Medical Insurance Company _____ Policy No. _____

NOTE: As a member of the United States Pony Clubs, Inc., the above named child is insured for emergency accident medical treatment under the USPC Accident Plan. This coverage is in excess of valid and collectible benefits available under any Blue Cross or Blue Shield group plan, or any group, blanket or franchise insurance plan.

SPECIAL INSTRUCTIONS

As parent or guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.

Other _____

OTHER INSTRUCTIONS FOR TREATMENT RELEASE

Organizers and DCs must retain this form with original signatures on file. Various officials may hold copies; e.g. medical personnel on site, instructors, test examiners and chaperones.

REPORT OF EXISTING MEDICAL CONDITION(S)

Does the above named Pony Cub member have any medical condition(s) that may be affected by mounted or unmounted participation in Pony Club activities? Yes No

IF YOU ANSWERED YES TO THE ABOVE QUESTION, COMPLETE SECTION 3 ON PAGE 2.

