



14078 State Hwy 110 N
Tyler, TX 75704
(903)882-8696 Fax: (903)881-0228
info@texasrosehorsepark.com

Name: _____		Vet: _____
Address: _____		Phone: _____
City, State, Zip: _____		Family Doctor: _____
Home Phone: _____	Cell: _____	Phone: _____
Email: _____		Emergency Contact: _____
Trainer: _____	Phone: _____	Phone: _____
Barn Affiliation: _____		Medical Info: _____

RELEASE OF LIABILITY

In consideration of receiving permission to enter upon, use and enjoy the premises known as TRHP, LLC, Texas Rose Horse Park, in Tyler, Smith County, Texas, from time to time, the receipt of such permission being hereby acknowledged, and in further consideration of receiving permission to participate either as owner, trainer, instructor, student, attendant, participant, or in any other capacity, in any equestrian activity, such as, showing, giving lessons, taking lessons, training, riding, or using equestrian facilities in any fashion, the undersigned hereby releases TRHP, LLC, Texas Rose Horse Park, and any related or affiliated company or person, and their respective officers, directors, agents, and employees, of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned or to any minor child that is the responsibility of the undersigned, or to any property or animal belonging to the undersigned, while in, on, or upon said premises, or any premises leased to, owned by, or under the control or supervision of any of the above named entities or individuals.

The undersigned also gives permission for themselves, family members, friends, or affiliates to be treated by a physician or a hospital on an emergency basis.

The undersigned being fully aware of the risks and hazards inherent in entering upon said premises, and/or in participating in any such equestrian activity held on said premises, hereby elects voluntarily to enter upon the premises, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time that the undersigned or his property or animal is upon said premises. The undersigned hereby voluntarily assumes all risk or loss, damage or injury, including death, sustained by the undersigned or to any minor child that is the responsibility of the undersigned, or any property or animal of the undersigned, while in, on, or upon said premises.

This release shall be binding upon the heirs, personal representatives, executors and administrators of the undersigned. Likewise, it shall be binding upon all guests of the undersigned.

In signing the foregoing release, the undersigned hereby acknowledges and represents that he has read the foregoing release, understands it, and signs it voluntarily, and that he is over eighteen (18) years of age and of sound mind, or the parent or legal guardian of the participant, over eighteen (18) years of age and of sound mind. Minor child must also sign this release. This liability agreement shall terminate five (5) years after date.

WARNING

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

_____ Signature of Participant	_____ Parent or Legal Guardian (if minor) Signature
Dated this _____ day of _____, 20__	Dated this _____ day of _____, 20__

TEXAS ROSE HORSE PARK

Emergency Medical Release Form

Notice to All Riders

Texas Rose Horse Park, recommends that you fill out and sign this form. You should make arrangements with a responsible person accompanying you to have this form available to medical personnel.

Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Person to Contact in Case of Emergency

Name: _____

Telephone: _____

Cell: _____

Medical Insurance Company: _____

Policy #: _____

Member #: _____

Medical Information

Prior Medical History: _____

Allergies: _____

Contact Lenses: _____

Medical Doctor: _____

Telephone: _____

Date of Last Tetanus Shot: _____

Other: _____

Notice to Parents and Guardians

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If you are not going to be present personally at the horse trials, you should consider using this form in conjunction with your child's entry. You should make arrangements for a responsible person accompanying your child to have this form available to medical personnel if required.

Release for an Adult Rider

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____

Date: _____

Release for a Minor Rider

If emergency medical care is required for:

Child's Name: _____

and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____

(parent or guardian)

Date: _____