



**Sally Batton Athletic Equestrian Clinics**  
**PO Box 595**  
**Plymouth, NH 03264**  
**athleticequestrian@gmail.com**

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(Print Name) \_\_\_\_\_ acknowledge that I, and/or my child, am a participant in the Sally Batton Athletic Equestrian Clinics in at least one of the following capacities: volunteer, guest, riding participant, open riding participant, coach, schooling rider or parent volunteer (collectively, a “participant” or “participants”).

As a participant, I further acknowledge that there are inherent risks of personal and property injury associated with horse riding, horse handling, and farm activities in general. In consideration of Sally Batton granting me the opportunity to act as a participant, I, or my parent or guardian on my behalf, agree to assume all risks of injury and further agree to indemnify and hold harmless Sally Batton and all of her employees or agents from any and all liabilities or damages of every kind or nature, which may arise in connection with my activities or presence as a participant in the Sally Batton Clinics.

I agree that, in the event of a medical emergency, the employees or agents of the Sally Batton Clinics may take any steps they deem necessary under the circumstances, and that I shall be responsible for any costs associated with those steps. I also authorize any licensed physician or medical staff to provide any medical or surgical care they deem medically necessary or advisable under the circumstances. I further agree to follow all instructions given by Sally Batton and/or her employees or agents.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/Guardian if Participant is Under 18)

**EMAIL:**