

# General Liability Release Form

## HOPE MOUNTAIN VAULTERS

Gurdian Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Approval to use pictures of you or minor for promotional and club related events: \_\_\_\_\_

Minor Name #1	DOB: _____
Minor Name #2	DOB: _____
Minor Name #3	DOB: _____

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Name of Dr. or Preferred method of Treatment: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any Injuries that could prohibit you from physical activities, including gymnastics moves, horse riding, running, or anything relating to the sport of Horse Vaulting?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, Understand the information above is valid and correct to the best of my abilities. In case of an emergency or any medical need, I \_\_\_\_\_, give permission for Head coach of Hope Mountain Vaulters to use information above and perform the necessary needs to keep me, or my child safe and healthy.

Signature of Adult: \_\_\_\_\_ Date: \_\_\_\_\_

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HOPE MOUNTAIN VAULTERS, VAULTING CLUB



I, \_\_\_\_\_ Completely Understand and realize that Participation in the sport of Equestrian Vaulting, event or activity could include actions or tasks which might be dangerous or hazardous to me or my minor.

By signing below, I agree to the fact that participation in Vaulting at Hope Mountain Vaulters Club, can cause any harm of injury to me or my minor. I release Hope Mountain Vaulters from all liability, costs and damages which could arise from participation in the sport of Equestrian Vaulting event or activities or cross training event or activities. I agree to accept all financial responsibilities related to any injury, or emergency treatment. And I, \_\_\_\_\_ release Hope Mountain Vaulters and any and all help, to the responsibility of any said costs related to said injury or emergencies.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Minor Names: \_\_\_\_\_