



# Muddy Creek Vaulters- Clinic Form

## Vaulter Information

Participant's Name \_\_\_\_\_

Male or Female (circle one)

Age \_\_\_\_\_

Phone number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This section under 18 only*

**Mother/Guardian** \_\_\_\_\_

Phone number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

**Father/guardian** \_\_\_\_\_

Phone number \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

## Medical Information

Any other health conditions, which may affect your participation in vaulting or riding?

\_\_\_\_\_

\_\_\_\_\_

## Acknowledgement of Risk

I \_\_\_\_\_ hereby release Muddy Creek Meadows, Muddy Creek Vaulters and all those associated with this stable from liability "due to this stable's ordinary negligence" except in the event of this stable gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/ or litigation, against this stable for any economic and non economic loss in relation to the premises and operations of this stable, (including) while riding, handling, or otherwise being near horses owned by or in the care, custody, and control of this stable.

I hereby assume the risk of equine activities pursuant to Pennsylvania law. Senate Bill 618.

I authorize Muddy Creek Meadows to use any pictures for promotional use.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Signature Parent/Guardian if under 18

\_\_\_\_\_  
Date