2009 MEDICAL RELEASE FORM

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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., it 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.

Section 3. MEDICAL RELEASE FOR ACTIVITY PARTICIPATION FOR MEMBERS WITH A PRE-EXISTING MEDICAL CONDITION

Member Name ____

The USPC wishes to take reasonable steps to maintain the safety of USPC members. Members with medical /disabilities conditions (including pregnancy) that may be aggravated by mounted or unmounted activities must provide a MEDICAL RELEASE FOR PARTICIPATION Form signed by the examining physician.

A copy of this form must be on file with:

- the Club DC for club activities, or
- the RS for regional activities, or
- the USPC National Office for national activities.

USPC leaders and instructors always have the sole discretion to remove any individual from an activity if safety is a concern.

A copy of the USPC Standards of proficiency for the rating level of the individual member MUST be provided to the physician for review. In USPC ratings, the Standards of Proficiency are not to be modified or adapted to enable the individual to meet the standards.

This notice must be given at least 15 days prior to participation.

The responsibility for notice of a medical condition/disability and providing the completed release in a timely manner lies solely with the USPC member, parents, and/or legal guardian. The parents are also responsible for updating this release if the medical condition changes. USPC leaders are not required to seek out members and inquire about medical conditions.

PENALTY

The failure to provide the USPC leaders with information regarding a member's medical condition/disability and to comply with the guidelines for notice, medical participation release, and consent requirements shall require that the member be disqualified from participation in USPC activities, and shall be a material misrepresentation that the USPC member has no medical condition/disability which might affect his/her participation.

EXAMINING PHYSICIAN'S RELEASE

Physician Name ____________________________ Office No. (_________) __________ – ___________

Address ____

Licensure No. ____________________________ State of ____________________

The above-named member has been seen by me on ________ / ________ / _________

I hereby release the above named USPC member to participate in mounted and unmounted equine activities. I am familiar with all of the requirements of USPC mounted and unmounted events. If I believe the member may participate in some of the events, but not in others, I will list them below.

Medical Condition ____

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Limitations (*use additional pages to explain, if necessary*) ____________________________

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Physician Signature ____________________________ Date _______ / _______ / ________

 REVISED 08/2008