



AGREEMENT AND LIABILITY RELEASE

Date: _____

Riders Name: _____

In case of emergency contact: _____

Phone: _____

Phone: _____
(secondary number)

Medical Insurance Carrier: _____

Known Allergies/Medical Problems: _____

We, the undersigned, and parents of _____, hereby authorize **Layton's R.V.F. and his or her legal representatives and assigns**, to give medical care as they see fit. This authorization shall remain in effect for 1 year from date signed.

Photo Release:

I consent to and authorize the use and reproduction by Layton's Rolling View Farms of any and all photographs, videotape, audio tape, and any other audio visual materials taken of me, or as applicable, my son, daughter or ward to promote or benefit Layton's Rolling View Farms or recreational horseback riding, forever waiving any compensation for such use.

_____ Yes _____ No

Signature: _____ Date: _____
(Rider, or parent/guardian if rider is a minor)

Layton's R.V.F. section only:

Horse Ridden: _____

Notes about rider: