

# HRH of New Jersey Liability Release and Medical Form

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

Participant's Address: \_\_\_\_\_

Participant's Telephone (include area code): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Disability: Physical  Mental

Diagnosis: \_\_\_\_\_

## Medical History:

Seizures: Yes  No  Type: \_\_\_\_\_

Date Of Last Seizure: \_\_\_\_\_

Allergies: Yes  No  Type: \_\_\_\_\_

Subluxing or dislocating hips: Yes  No

Current Medications: \_\_\_\_\_

Reason: \_\_\_\_\_

Any reaction to penicillin or other drugs: \_\_\_\_\_

Down Syndrome: Yes  No

If yes, Atlantoaxial subluxation: Yes  No

Athletes with a positive diagnosis for Atlantoaxial subluxation may not compete.

Any restrictions to sport: \_\_\_\_\_

Best Wishes for the program (10\$ for three lines – please include money and message with program entry information):

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

I the undersigned, a legal adult recognizing the inherent risks of horseback riding and the limitations imposed by my (my child's, my ward's) disability, hereby apply to compete in the HRH of New Jersey Horse Show. In consideration of you accepting my (my child's, my ward's) entry I, the undersigned, intending to be legally bound for myself, my heirs, executors, or administrators hereby waive and release all claims for damages I may have against HRH of New Jersey and New Jersey Special Olympics, its owners, instructors, aids, volunteers and or employees for any and all injuries and/or losses.

"WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L.1997, c.287 (C.5:15-1 et seq)."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent, Guardian, Adult Participant

**\*\*Horse Show Information (including course layouts can be found at [www.hrhofnj.org](http://www.hrhofnj.org)**