

# FREE SPIRIT VAULTERS

32 Two Horse Trail, Santa Fe, New Mexico USA . 505-983-5871

## MEDICAL/LIABILITY RELEASE FORM

### Section I: Assumptions of Risk and Waiver

By signing this agreement, you acknowledge that you and your student(s) or guests are on the property at your own risk and hereby specifically release, indemnify, and hold Marcy Grace, Free Spirit Farm, its owners and agents and any instructors, harmless from liability for any claim which may arise out of your activities on the premises. In signing this contract, you are binding yourself, your survivors, your agents, or any other person seeking to assert claim on your behalf, which arises from an accident occurring at Free Spirit Farm, even if such accident results in a permanently disabling injury or death.

Warning: All activities involving horses, donkeys, mules, or ponies have inherent risks for participants. New Mexico State Law protects operators, owners, trainers, promoters and other from liability for injuries which are the result of an equine animal's behavior. (Equine Liability Act SJC/Senate Bell 268.aal 1993)

\_\_\_\_\_ Date \_\_\_\_\_  
(original signature of participant/student if 18 or older)

\_\_\_\_\_ Date \_\_\_\_\_  
(original signature of parent or guardian)

### Section II: Free Spirit Farm Medical Information and Treatment Release

If medical care is required for \_\_\_\_\_ (participant/student) in conjunction with any Free Spirit Farm activity or related transportation, the undersigned authorize(s) appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

Related Information:

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

If parent or guardian is unavailable, contact \_\_\_\_\_.

Phone \_\_\_\_\_

Family physician \_\_\_\_\_

Phone \_\_\_\_\_

My child is allergic to \_\_\_\_\_

Other medical conditions \_\_\_\_\_

My child takes these medications \_\_\_\_\_

For \_\_\_\_\_

Child's date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_

**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

Initial \_\_\_\_\_

Other Instructions \_\_\_\_\_

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**I have read both pages of this release and agree to its stipulations**

\_\_\_\_\_ Date \_\_\_\_\_  
(original signature of participant/student if 18 or older or original signature of parent or guardian)

Free Spirit Farm is a subsidiary of Albuquerque Vaulters, a 501 C3 Non-Profit Organization

Please send mail to: Marcy Grace, 32 Two Horse Trail, Santa Fe, NM 87508  
Phone: 505-983-5871