

# Still Meadows Enrichment Center and Camp, Inc.

11992 Hollar School Road Linville, Virginia 22834 540-833-2072  
www.campstillmeadows.org info@campstillmeadows.org

## EMERGENCY MEDICAL RELEASE

Name of Rider: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Rider: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If not available, contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

If emergency care is needed, the following health information should be given to emergency medical personnel: \_\_\_\_\_

## Emergency Care and Waiver of Liability

I hereby acknowledge that I wish to participate in the Still Meadows Annual Ride-a-Thon in Luray, Virginia. I understand that this may be a high-risk activity and that I am participating at my own risk. Further, I do hereby release from any liability and agree to hold harmless Still Meadows Center and Camp, Inc, its officers, agents, all members of its organizing committee and volunteers, River Hill Stables, Inc and its members, and the county of Rockingham and its officials, agents and employees for any incidents, accidents, damage, injury or illness to any rider, horse owner, horses, property, attendants and guests suffered during or in conjunction with this Annual Ride-a-Thon.

In participating in this activity; I hereby waive, relinquish and release any and all claims I may have against the above named entities.

Should emergency medical care be required for the above named rider, I hereby authorize emergency medical personnel to provide emergency medical care, transportation, and consent to treatment by a physician at the appropriate medical facility. I hereby acknowledge that I have read, understand and agree to these terms.

**3.1-796.132 Liability limited; liability actions prohibited. A. Except as provided in 3.1-796.133, an equine activity sponsor or and equine professional shall not be liable for an injury to or death of a participant engaged in equine activity.**

\_\_\_\_\_  
Signature of Rider over 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if rider is under 18 years of age

\_\_\_\_\_  
Date

