

Butler School

Required Authorizations, Releases & Additional Information

This document will be kept on file at Butler School and permissions granted or denied will remain in effect continuously from the date received until the rider is no longer participating in the program. Parents wishing to amend an existing form may do so at any time with the express knowledge of the Butler School Administration.

EQUESTRIAN STUDENTS

Rider's Name (Please Print): _____

I am the parent of the above named child and I have thoroughly read and understand the information included in this document and have signed the appropriate authorizations and releases.

Parent's Signature: _____ **Date:** _____

Rider's Signature: _____ **Date:** _____

MEDICAL EMERGENCY AGENT FORM

A hospital or physician will not give non-lifesaving treatment to minor unless the parent of guardian directly authorizes it, or someone is acting in the role of legal agent for their child with written authorization. We ask that parents complete the following authorization form.

PARENT'S STATEMENT Authorization to Consent To Treatment Of A Minor

The undersigned parents of _____, a minor, authorize Butler School and its employees to act as agent(s), to consent to medical, or surgical diagnosis or treatment and hospital care deemed necessary or advisable and rendered by licensed physician or surgeon, nurse, ambulance service, paramedic squad, or any other related person(s) or institution(s), whether in the doctor's office, licensed hospital, or other place deemed necessary for treatment. This Authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the physician, surgeon, nurse, ambulance service, or paramedic squad may deem advisable.

This authorization shall remain effective for as long as my/our child is enrolled Butler School, Butler Camp or Butler Barn, or takes part in program related activities. Further, I release the School, its agents, and employees, from any liability whatsoever for judgments that it makes on my/our behalf while acting as my agent(s), and release any and all individuals from any liability whatsoever for judgments they make as employees of the School while acting on my behalf as agent(s) for me/ us.

Mother: _____ Date: _____

Father: _____ Date: _____

Legal Guardian: _____ Date: _____

TWO WITNESSES REQUIRED: (NOT mother or father or other family member)

Witness: _____ Date: _____

Witness: _____ Date: _____

If your child has any allergies to any medicines, please list below.

REQUIRED FOR ALL RIDERS AND EQUESTRIAN STUDENTS

Rider's Name (Please Print): _____ Date of Birth: _____

Even with the greatest of caution, accidents do happen while working around and riding horses. Participants agree to fully accept responsibility for their conduct while participating in the Equestrian Program at Butler School and to follow any and all rules. Violation of these rules could be cause for dismissal from the program.

REQUIRED AUTHORIZATION AND RELEASE FOR RIDERS UNDER AGE 18

You are enrolling your child in certain activities with Montessori Country School of Maryland, Inc. which operates as "Butler School", "Butler Camp" and "Butler Barn". Your Signature indicates your knowledge and permission for the specific activities in which your child may participate or be enrolled. General horse related activities on or off the premises, including, but not limited to, the barns, fields, the outdoor riding rings, the indoor riding ring, horse shows and the like. Vehicular transportation necessary and incident to the employment of the activities.

I understand that there are certain inherent risks of injury and danger associated with the activities in which my child is authorized to participate. With full knowledge and appreciation of such risks, I hereby authorize my child to partake in such activities, and do hereby release, demise, and quitclaim Butler School for any and all injuries or harm sustained to my child as a result of engaging in such activities, and all said risks are assumed by me. Further, I agree to indemnify and hold Butler School harmless from any and all such claims arising out of injury to my child, including costs of attorney's fees incurred in connection therewith. This release shall be effective only to the extent permitted by law, and shall not be deemed void if law or public policy limits the effect of this release. The undersigned represent and certify that they have the authority to execute this release on behalf of the child.

REQUIRED AUTHORIZATION AND RELEASE FOR ADULT RIDERS OVER AGE 18

You are enrolling in certain activities with Montessori Country School of Maryland, Inc. which operates as "Butler School", "Butler Camp" and "Butler Barn". Your Signature indicates your knowledge and permission for the specific activities in which you may participate or be enrolled. Please read all additional information on this release specific to each activity. General horse related activities on or off the premises, including, but not limited to, the barns, fields, the outdoor riding rings, the indoor riding ring, horse shows and the like. Vehicular transportation necessary and incident to the employment of the activities.

I understand that there are certain inherent risks of injury and danger associated with the activities in which I will participate. With full knowledge and appreciation of such risks, I hereby acknowledge, and do hereby release, demise, and quitclaim Butler School for any and all injuries or harm sustained as a result of engaging in such activities, and all said risks are assumed by me. Further, I agree to indemnify and hold Butler School harmless from any and all such claims arising out of injury to myself, including costs of attorney's fees incurred in connection therewith. This release shall be effective only to the extent permitted by law, and shall not be deemed void if law or public policy limits the effect of this release. The undersigned represent and certify that they have the authority to execute this release.

This release shall extend to the heirs, assigns, and agents of the parties hereto.

Rider's Signature: _____ Date: _____

Parent/Mother/Guardian Signature: _____ Date: _____

Parent/Father/Guardian Signature: _____ Date: _____

PHOTOGRAPHS

Photographs of students are often used in Butler School, Camp or Barn publications, advertisements or on the Butler School website. If you would prefer we NOT use your/your child's photograph, please indicate below.

DO NOT use my/my child's photograph in Butler School publications.

ADDITIONAL INFORMATION

Please use this space to describe any restrictions, allergies, or conditions that may affect your child's equestrian experience including but not limited to dietary, environmental, physical, emotional or special family circumstances.