



GABE BELLUOMINI

Student's Name _____ Home Phone _____

Address _____ Zip _____ Cell Phone _____

Age _____ Date of Birth _____

e-mail _____ Additional Contact Number _____

Name of Parent or Guardian _____

Name of Physician _____ Phone _____

GENERAL RELEASE – PLEASE READ CAREFULLY

I/We hereby agree to assume all responsibility and risk from the participation in equestrian activities at PDM Training Stables; and further agree to hold PDM, instructors, counselors, trainers and employees free from all damages or liability for any injury to person or property arising as a result of this participation.

Signature of Student _____ Date _____

Signature of Parent or Guardian _____
(If student is a minor)

The undersigned, parent of student, a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage the PDM staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospital, ambulances and other medical charges reasonable and necessarily incurred.

Signature of Student _____ Date _____

Signature of Parent or Guardian _____
(If student is a minor)