



*Mystic Stables*  
 5420 Mystical Lane  
 Gloucester, Virginia 23061  
 (804)693-9100

**GENERAL RELEASE**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
     Street \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 NAME(S) OF PARENT/GUARDIAN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
     Street \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 DAYTIME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 FAMILY PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**TETANUS SHOTS ARE REQUIRED FOR ALL STUDENTS.**

Enrollment, when accepted by Mystic Stables (herein after known as "This Stable"), constitutes an agreement between the applicant and this stable. I/We shall agree to pay the sum of \$ \_\_\_\_\_ per lesson per student. Failure to make payment of tuition, fees, or other charges owed to the school when due shall be sufficient basis for suspension of the student. I/We shall be jointly and severally liable for all such sums, plus reasonable legal fees and costs. Enrollment is for the entire course specified and the tuition and fee must be paid, notwithstanding the fact that the student may voluntarily withdraw or be terminated. I/We agree to abide by all the rules and regulations of Mystic Stables now in effect or later adopted. I/We understand the failure to comply with the same may result in suspension or termination.

I/We hereby agree to assume all responsibility and risk from the use and rental of riding horses and equipment from Mystic Stables; and further agree to hold Mystic Stables, teachers, counselors, and trainers and employees free from all damages or liability for any injury to person or property arising as a result of the use, rental, or lesson, of said horses or equipment of while staying at Mystic Stables.

The undersigned, parents 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 Mystic Stables staff, hospital staff, and such physician to exercise their best judgment as the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonable and necessarily incurred. The undersigned should maintain all medical and health insurance needed to cover all risks of any kind in any place in livestock, equine, and/or other activities. I, the undersigned participant, will wear and use, in accordance with established Mystic Stables policy and procedure, all safety equipment and to ensure equipment is in good condition at all times.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
 (If student is under Age 21)



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## MEDICAL INFORMATION SHEET

Student's Name: \_\_\_\_\_

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

Group Policy Number: \_\_\_\_\_ Individual Policy Number: \_\_\_\_\_

Allergies (ex. Pollen, dander, bee stings, foods, and medications): \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

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

Emergency Contact #1  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #3  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #4  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_