





# 2010 MEDICAL RELEASE CARD

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*The purpose of the USPC Medical Card is to allow a USPC member to receive medical treatment in the absence of parent/legal guardian, provide handy emergency contact information and medical history for emergency medical personnel. It is the responsibility of the parent/guardian to complete the Medical Card, update the card when necessary, and ensure that the USPC member wear the card in an armband at all Pony Club activities.*

## Section 1. ASSUMPTION OF RISK AND WAIVER

*I understand that there are inherent risks of serious injury, including head injury, or even death possible with equine activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever any and all liability, and all claims for damages against The United States Pony Clubs, Inc. (USPC), Board of Governors, Instructors, Administrators, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain associated with my child's voluntary participation in USPC activities.*

\_\_\_\_\_  
 ORIGINAL SIGNATURE OF USPC MEMBER APPLICANT      DATE      or      ORIGINAL SIGNATURE OF APPLICANT'S PARENT OR LEGAL GUARDIAN      DATE  
REQUIRED IF APPLICANT IS OF THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE      REQUIRED IF APPLICANT IS UNDER THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE

## Section 2. USPC MEDICAL WAIVER AND TREATMENT RELEASE

*In consideration of my/my child's participation in a United States Pony Club, Inc. (USPC) activity, and the inherent risks of equine activity that may result in injury/harm requiring emergency medical treatment, I authorize the United States Pony Club, Inc., its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any USPC activity personnel (including, but not limited to, organizers, instructors, test examiners, chaperons), and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results and/or diagnosis.*

*I acknowledge that it is my/parental/legal guardian's responsibility to ensure that I am/my child is a USPC participating member and am/is wearing a completed Medical Card in an armband at all USPC mounted activities and when working around horses. Furthermore, I acknowledge that USPC leadership shall be advised if I/my child have/has had a head injury or other medical condition and have/has been restricted from activity.*

***I have read this entire release and agree to it.***

\_\_\_\_\_  
 ORIGINAL SIGNATURE OF USPC MEMBER APPLICANT      DATE      and/or      ORIGINAL SIGNATURE OF APPLICANT'S PARENT OR LEGAL GUARDIAN      DATE  
REQUIRED IF APPLICANT IS OF THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE      REQUIRED IF APPLICANT IS UNDER THE AGE OF MAJORITY IN THEIR STATE OF RESIDENCE

**FAXED SIGNATURE CONSTITUTES AN ORIGINAL SIGNATURE**