



# 2008 USPC MEDICAL RELEASE FORM

4041 Iron Works Pkwy Lexington, KY 40511-8483 859-254-7669 memberservices@ponyclub.org

PROPERTY OF UNITED STATES PONY CLUBS, INC.

FOR OFFICIAL USE ONLY

## Section 1. ASSUMPTION OF RISK AND WAIVER

I understand that there are inherent risks of serious 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.

and

Original Signature of USPC Member \_\_\_\_\_ Date \_\_\_\_\_  
If member is over the age of majority, i.e., dependent upon state law.

Original Signature of Parent(s) or Legal Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_  
Unless member is over the age of majority, i.e., dependent upon state law.

## 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 have read this entire release and agree to it.

and

Original Signature of USPC Member \_\_\_\_\_ Date \_\_\_\_\_  
If member is over the age of majority, i.e., dependent upon state law.

Original Signature of Parent(s) or Legal Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_  
Unless member is over the age of majority, i.e., dependent upon state law.

### RELATED INFORMATION

Club No. \_\_\_\_\_ Club Name \_\_\_\_\_ Region \_\_\_\_\_

Member Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s) or Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Home No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If Parent or Guardian is unavailable,

Contact \_\_\_\_\_ Phone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

My child is allergic to \_\_\_\_\_

Other medical conditions \_\_\_\_\_

My child takes the following medications \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

NOTE: As a member of the United States Pony Clubs, Inc., the above named child is insured for emergency accident medical treatment under the USPC Accident Plan. This coverage is in excess of valid and collectible benefits available under any Blue Cross or Blue Shield group plan, or any group, blanket or franchise insurance plan.

### SPECIAL INSTRUCTIONS

As parent or guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.

Other \_\_\_\_\_

### OTHER INSTRUCTIONS FOR TREATMENT RELEASE

Organizers and DCs must retain this form with original signatures on file. Various officials may hold copies; e.g., medical personnel on site, instructors, test examiners and chaperones.

### REPORT OF EXISTING MEDICAL CONDITION(S)

Does the above named Pony Club member have any medical condition(s) that may be affected by mounted or unmounted participation in Pony Club activities?

Yes  No

IF YOU ANSWERED YES TO THE ABOVE QUESTION, COMPLETE SECTION 3 ON PAGE 2.

**Section 3. MEDICAL RELEASE FOR ACTIVITY PARTICIPATION FOR MEMBERS WITH A PRE-EXISTING MEDICAL CONDITION**

Member Name \_\_\_\_\_

The USPC wishes to take reasonable steps to maintain the safety of USPC members. Members with medical /disabilities conditions (including pregnancy) that may be aggravated by mounted or unmounted activities must provide a MEDICAL RELEASE FOR PARTICIPATION Form signed by the examining physician.

A copy of this form must be on file with:

- ◆ the Club DC for club activities, or
- ◆ the RS for regional activities, or
- ◆ the USPC National Office for national activities.

USPC leaders and instructors always have the sole discretion to remove any individual from an activity if safety is a concern.

A copy of the USPC Standards of proficiency for the rating level of the individual member MUST be provided to the physician for review. In USPC ratings, the Standards of Proficiency are not to be modified or adapted to enable the individual to meet the standards.

This notice must be given at least 15 days prior to participation.

**The responsibility for notice of a medical condition/disability and providing the completed release in a timely manner lies solely with the USPC member, parents, and/or legal guardian. The parents are also responsible for updating this release if the medical condition changes. USPC leaders are not required to seek out members and inquire about medical conditions.**

**PENALTY**

The failure to provide the USPC leaders with information regarding a member’s medical condition/disability and to comply with the guidelines for notice, medical participation release, and consent requirements shall require that the member be disqualified from participation in USPC activities, and shall be a material misrepresentation that the USPC member has no medical condition/disability which might affect his/her participation.

**EXAMINING PHYSICIAN’S RELEASE**

Physician Name \_\_\_\_\_ Office No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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

Licensure No. \_\_\_\_\_ State of \_\_\_\_\_

The above-named member has been seen by me on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

*I hereby release the above named USPC member to participate in mounted and unmounted equine activities. I am familiar with all of the requirements of USPC mounted and unmounted events. If I believe the member may participate in some of the events, but not in others, I will list them below.*

Medical Condition \_\_\_\_\_

Limitations (use additional pages to explain, if necessary) \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_