

Pegasus Equestrian Center

2020 Summer Camp Medical Authorization Form

- Under Louisiana law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to R.S. 9:2795.3.

Authorization to Obtain Medical Treatment for Minor Child:

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between William L. Wilcox, Inc. dba Pegasus Carriage Company and Pegasus Equestrian Center hereinafter referred to as "Management" and _____, hereinafter referred to as "Parent." Management is hereby authorized to obtain any and all medical treatment management deems reasonably necessary for minor children. Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Management shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of Child(ren)	DOB	SSN (optional)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary care physician: _____ Phone: _____

Insurance Carrier: _____ Name of Insured: _____

Group/Plan/ID number: _____

Parent/Legal Guardian(s) _____ Date: _____

Print _____ Signature _____

Print _____ Signature _____

Pegasus Equestrian Center, 78261 Hwy 1083, Bush, LA 70431

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