



**Horseshoe Park**  
P.O. Box 1062 | Queen Creek, AZ 85142  
[www.FriendsOfHorseshoePark.org](http://www.FriendsOfHorseshoePark.org)

doing business as  
**ROOTS n' BOOTS**  
**Queen Creek**  
*More than a rodeo!*



## VOLUNTEER MEDICAL CONSENT & ASSUMPTION OF RISK

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (    ) \_\_\_\_\_

I, \_\_\_\_\_, authorize Friends of Horseshoe Park and/or the Town of Queen Creek to consent to any necessary emergency medical examination and treatment that may be needed for the preservation of my health and welfare.

I understand that such medical examination and treatment will be given only upon advice of a licensed medical doctor and I will be financially responsible for any necessary medical treatment.

### IN CASE OF EMERGENCY, PLEASE CONTACT:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (    ) \_\_\_\_\_

### Assumption of Risk and Image Release Form

I agree to participate in this program. I understand that the Town of Queen Creek and Friends of Horseshoe Park carry no accident insurance for this program. I understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown. It is the responsibility of individuals participating in a Town of Queen Creek and/or Friends of Horseshoe Park activity to notify in writing, any physical limitations that may limit or impair their activity in the program for which they are registered and the Town will make reasonable accommodations. I do hereby, for myself, my children, my heirs, executors and assigns, hereby release and hold harmless the Town of Queen Creek and/or Friends of Horseshoe Park, their officials, officers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, with respect to any and all injury, disability, death, illness or loss or damage to person or property, whether arising from the negligence of the release's or otherwise, to the fullest extent permitted by law. I also certify I have no COVID symptoms or other conditions that could be harmful to others. I am of lawful age and legally competent to sign this agreement for and in behalf of the participants. Furthermore, I give consent for emergency treatment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Date