



EMERGENCY MEDICAL RELEASE FORM (ADULT)

NAME: _____ **DOB** _____

<p style="text-align: center;"><u>Participant</u></p> <p>Name: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Alt. Phone: _____</p>	<p style="text-align: center;"><u>Parent or Legal Guardian (if applicable)</u></p> <p>Name: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Alt. Phone: _____</p>
<p style="text-align: center;"><u>Emergency Contact Information</u></p> <p>Name: _____ phone: _____ Alt. Name: _____ phone: _____ Doctor: _____ phone: _____ Alt. Doctor: _____ phone: _____</p>	<p style="text-align: center;"><u>Medical Insurance</u></p> <p>Insurance Company: _____ Policy Holder Name: _____ Policy #: _____ Member #: _____</p> <p style="text-align: center;">ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT</p>

MEDICAL HISTORY OF PARTICIPANT

Allergies: _____ Contact Lenses: _____

Date of Last Tetanus Shot: _____ Medications Taken: _____

Other (including relevant injuries and all equine related injuries): _____

_____ (use reverse if needed).

RELEASE BY ADULT PARTICIPANT FOR MEDICAL TREATMENT

If emergency medical care is required for myself and if neither I, nor an accompanying spouse or adult relative, is able to convey authority to administer such treatment in a timely manner, I hereby waive my right of informed consent and unconditionally grant Shallowbrook Equestrian Center, LLC and its officers, owners, directors, employees and agents (together, the "Stable") complete and unquestioned authority to summon and authorize the administration of emergency medical care as deemed appropriate by emergency medical personnel, a physician, and/or any medical facility providing treatment, and I further authorize such medical personnel and/or facility to administer such treatment to me. I agree and warrant that I shall be solely responsible to pay all costs relating to all such care and/or treatment, and shall indemnify, hold harmless and defend the Stable for any actions they may take or fail to take in obtaining, or attempting to obtain, emergency medical treatment for me.

Signature: _____ Date: _____

Printed Name: _____