



EMERGENCY MEDICAL RELEASE FORM (MINOR)

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 PARENTS OR GUARDIANS FOR MEDICAL TREATMENT OF MINOR PARTICIPANT

I hereby represent and warrant that I am the parent and/or legal guardian of the minor child named at the top of this form ("Child") and that I possess full legal authority to make medical decisions on the Child's behalf. If emergency medical care is required for the Child, 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, and Child's, right of informed consent and unconditionally grant Shallowbrook Equestrian Center, LLC Farm 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 to the Child as deemed appropriate by first responders, emergency medical personnel, a physician, and/or any medical facility providing treatment, and I further authorize such personnel and/or facility to administer such treatment to the Child. 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 the Child.

Signature: _____ Date: _____
 (Parent or Legal Guardian)
 Printed Name: _____

Signature: _____ Date: _____
 (Parent or Legal Guardian)
 Printed Name: _____