**Rider’s Name:** Click or tap here to enter text. **Birth Date:** Click or tap to enter a date. **Age:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.**City:** Click or tap here to enter text.**State:** Choose an item. **Zip:**Click or tap here to enter text.

**Home Phone:**Click or tap here to enter text. **Mobile:**Click or tap here to enter text. **Work Place:**Click or tap here to enter text.

**If under age 18, Name of Parent/Guardian:** Click or tap here to enter text.

**Home Phone:**Click or tap here to enter text. **Mobile:**Click or tap here to enter text. **Work Place**:Click or tap here to enter text.

**Attending Physician:** Click or tap here to enter text. **Phone:**Click or tap here to enter text.

**Address:** Click or tap here to enter text.**City:** Click or tap here to enter text.**State:** Choose an item. **Zip:**Click or tap here to enter text.

**Preferred Medical Facility:**Click or tap here to enter text. **Phone:**Click or tap here to enter text.

**Address:** Click or tap here to enter text.**City:** Click or tap here to enter text.**State:** Choose an item. **Zip:**Click or tap here to enter text.

**Health Insurance Company:** Click or tap here to enter text.

**Name of Policy Holder:** Click or tap here to enter text. **Policy #:** Click or tap here to enter text.

**Describe any medical condition requiring special precautions or treatment:** Click or tap here to enter text.

**List any medications and dosage:** Click or tap here to enter text.

**List any allergies to medications:** Click or tap here to enter text.

**In case of medical emergency, the undersigned rider or guardian authorizes Saving Grace Sanctuary to secure and retain such emergency medical assistance and transportation as they determine to be necessary and proper. The undersigned rider or guardian authorizes release or rider records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed “lifesaving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached.**

Yes, I/my son/daughter/ward would like to participate as a rider. I understand that **NO LIABILITY** can be accepted by any organization concerned with this volunteer service, including Saving Grace Sanctuary in the event of any accident which may occur.

|  |
| --- |
| Click or tap here to enter text. Click or tap to enter a date.  **Rider’s signature or if under 18 years of age, parent/guardian signature Date** |

**Please see reverse for non-consent**

**Rider Medical Non-Consent**

I **DO NOT** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Saving Grace Sanctuary. In the event emergency treatment is required, I wish the following procedures to take place: Click or tap here to enter text.

|  |
| --- |
| Click or tap here to enter text. Click or tap to enter a date.  **Non-consent rider’s signature or if under 18 years of age, parent/guardian signature Date**  **Print Full Name:** Click or tap here to enter text.  **Address:** Click or tap here to enter text. |