EQUINE PARTICIPANT EMERGENCY INFORMATION AND CONSENT

1. Please clearly and accu	irately print the fo	ollowing inform	mation about EQUI	NE PARTICIPANT:		
Name:		Phone Number_				
Permanent Address:			City	ST	Zip	
Birth Date//	Personal Physi	cian:		Phone:		
Health Insurance Carrier:	Plan/Policy No.:					
Please clearly and acc Participant sustains an	urately print the for injury or illness:	ollowing infor	rmation about the EM	MERGENCY CONTA	CT in case Equine	
Name:			Address:			
City	ST	Zip	Email Addre	ess:		
Phone Numbers: Cell			_ Work	Home _		
3. Please clearly and accu Case Equine Participar			mation about the AL	TERNATE EMERGE	NCY CONTACT is	
Name:		Address:				
City	ST	Zip	Email Addre	ess:		
Phone Numbers: Cell			_ Work	Home _		
4. Please clearly and acc	urately print and o	describe any o	f the following as to	the Equine Participant:		
Medical Conditions:						
Known Allergies:						
Regular Medications:						
5. Consent to Emergency Med lacks the legal capacity (due to medical treatment as is deemed legally capable of making such	lical Care for Equine age or otherwise) to a dinecessary and prude	Participant. If the make an informed not by a licensed r	ne Equine Participant sus d decision regarding his onedical professional until	or her medical care, I hereby of I such time as Equine Particip	consent to such emergence oant becomes available ar	
Signature of Equine Parti BY MY SIGNATURE I AND FULLY UNDERS	REPRESENT A	S FOLLOW	S: I AM AT LEAS			
Signature of Equine Parti	cipant	Printe	ed Name		Date	
Signatures of Legal Guar BY MY SIGNATURE I AND FULLY UNDERS	REPRESENT A	AS FOLLOW ONSENT. I SI	S: I AM AT LEAS IGN THIS CONSE	T 18 YEARS OF AGE NT FREELY AND VO		
Signature of Legal Guard	lian of Equine Par	ticipant Pri	inted Name	Date		