



WIMER RANCH LLC

EMERGENCY MEDICAL AUTHORIZATION & HEALTH INFORMATION FORM

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Where Horsemanship, Character, and Confidence Grow Together



PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name (if participant is under 18):

Primary Phone: _____

Secondary Phone: _____

Address: _____

City: _____ State: _____ Zip: _____



EMERGENCY CONTACT INFORMATION

Emergency Contact #1

Name: _____

Relationship: _____

Phone: _____

Emergency Contact #2

Name: _____

Relationship: _____

Phone: _____



MEDICAL INFORMATION

Known Allergies:

Current Medications:

Medical Conditions, Injuries, or Physical Limitations:

Health Insurance Provider:

Policy Number:

Primary Physician:

Physician Phone:



EMERGENCY MEDICAL AUTHORIZATION

I understand that participation in horseback riding, horse handling, and other equine activities involves inherent risks and may result in injury.

In the event of an accident, injury, illness, or medical emergency involving the participant listed above, and if a parent, guardian, or emergency contact cannot be reached promptly, I authorize Wimer Ranch LLC, its owners, instructors, employees, volunteers, agents, and representatives to obtain emergency medical care deemed reasonably necessary.

This authorization includes, but is not limited to:

- Emergency transportation
- Diagnostic testing
- Ambulance services
- Emergency treatment
- Hospital care
- Medication as prescribed by licensed medical professionals
- Physician services

I understand that Wimer Ranch LLC is not responsible for the cost of medical treatment, transportation, or related services, and I agree to assume full financial responsibility for any such expenses.

Participant Initials: _____ Parent/Guardian Initials: _____



AUTHORIZATION TO RELEASE INFORMATION DURING AN EMERGENCY

I authorize Wimer Ranch LLC to provide relevant health information contained in this form to emergency responders, physicians, hospitals, and other medical providers when necessary for emergency treatment.

Participant Initials: _____ Parent/Guardian Initials: _____



ACKNOWLEDGMENT

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that changes to medical conditions, medications, allergies, emergency contacts, or other important information should be reported promptly to Wimer Ranch LLC.

Participant Initials: _____ Parent/Guardian Initials: _____



SIGNATURES

Participant Signature: _____ Date: _____

Parent/Guardian Signature (required for minors): _____ Date: _____

Relationship to Minor: _____

