

TOMORROWS' EQUESTRIAN CENTER, INC.

RIDERS EMERGENCY TREATMENT RELEASE FORM

(PLEASE PRINT INFORMATION)

RIDER'S NAME _____

PARENT/ GUARDIAN _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ WORK _____ DATE OF BIRTH _____

RIDER'S DISABILITY _____

DATE OF ONSET OF DISABILITY _____

PHYSICIAN'S NAME _____

PHYSICIAN'S ADDRESS _____ PHONE # _____

HEALTH CARE INSURANCE CO. _____ POLICY # _____

Person who is authorized to give temporary assistance or care in absence of parent or guardian.

NAME _____ ADDRESS _____

TELEPHONE # _____ RELATIONSHIP _____

In case of a Medical Emergency, the undersigned authorizes Tomorrows' Equestrian Center, Inc. to provide such medical assistance as they determine to be necessary.

In the event that the preferred physician (above) cannot be reached, the undersigned authorizes any medical, surgical care and or hospitalization for the rider, including anesthetic, which they determine necessary or advisable, pending receipt of specific consent from the undersigned.

No rider or driver can be accepted for riding or driving instruction until this form has been completed by the Parent/Parents or Guardian/Guardians. If the rider or driver is of legal age (18), he/she may complete the form, if he/she is legally competent to do so. Riding /driving instruction will be under strict supervision and although, every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Tomorrows Equestrian Center, Inc.

Yes, I would like _____ to have riding/driving instruction, and I have discussed this with the doctor. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, including Tomorrows; Equestrian Center, Inc., in the event of any accident which may occur.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

SIGNATURE OF RIDER OVER THE AGE OF 18 _____ **DATE** _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 200_

By _____

Personally Known _____

Or

Produced Identification _____

Notary Public – State of Florida

Type of Identification Produced _____

MY COMMISSION EXPIRES: _____
(AFFIX NOTARY SEAL HERE)

THIS FORM MUST BE RENEWED EVERY YEAR