

Emergency Information

Clinic Name & Date: _____

Clinic Location: _____

Your Name: _____ Age (if under 18) _____

Your Address: _____

City _____ State: _____ Zip: _____

Day Phone#: _____ Evening# _____

Health Information: Please list any medical conditions that we need to be aware of, such as, but not limited to, allergies or physical limitations: _____

Please list person/persons to notify in case of an emergency. Include name, address, and all phone numbers/cell phone numbers for home/work *print clearly.*

Insurance Information: Subscribers Name: _____

Insurance carrier _____ Policy# _____

I have read and understand this emergency information form in full and realize that this is a group riding clinic and I CAN safely ride my horse.

Participants under the age of 18 need the signature of a parent or legal guardian

Date: _____ Signature: _____

Print Name if different from participant _____