



Rider Authorization for Emergency Medical Treatment/Liability Release

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize EquiSpirit Riding Academy Inc. to:

1. Secure and retain medical treatment and transportation, if needed
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

Riders Name: _____ Phone: _____

Address: _____ State/Zip: _____

In an emergency, Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physicians Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Please check one option listed below:

I give 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 the agency. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

I do not give 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 the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

I _____ acknowledge the risks and potential for injury that may occur with the activities of horseback riding and working around horses, and I have discussed these risks with my child/and his/her/my physician. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. Therefore agree to be legally bound for myself (or for my son/daughter/ward) and hold EquiSpirit Riding Academy Inc., its Board of Directors, Instructors, Therapists, Aids, Volunteers, Employees and Delaware County, Oklahoma, its employees, supervisors and associates harmless of any claim for damages, loss, or injury while at the EquiSpirit Riding Academy Inc. facility located at the Delaware County Fair Grounds indoor arena, or while off the property in conjunction with a EquiSpirit Riding Academy Inc. event.

Signature: _____ Date: _____

If rider is not over 21, not legally competent and/or unable to sign for him/her, a legal guardian and not the rider must sign all of these forms.

Print Name: _____ Phone: _____