Methow Valley Riding Unlimited

PO Box 58, Winthrop, WA 98862

Participant Name_____ DOB_____E-mail_____

Parent/Guardian Name_____ Relationship to Participant _____

Phone _____ (home) _____ (work)_____ (cell)

Address _____

Physician's Name & Address _____

Health Insurance Company _____Policy # _____

Allergies to Medications _____ Current Medications_____

Emergency Contact:

Name: _____Relation:_____Phone:_____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while on the property I authorize Methow Valley Riding Unlimited 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 medical emergency treatment.

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked if the person(s) named above is unable to be reached.

Date: _____ Consent Signature:_____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment /aid in the case of illness or injury during the process of receiving services or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

Date: _____ Consent Signature:_____

LIABILITY RELEASE:

_____ (Rider's Name) would like to participate in horsemanship instruction at ***Methow Valley Riding Unlimited***. I acknowledge the risks and potential risks of horseback riding and related horse activities. However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages, except in the case of negligence, against ***Methow Valley Riding Unlimited,*** their Board of Directors, owners, instructors, employees for any and all injuries and/or losses I/my son/my daughter/my ward, may sustain while participating in *Methow Valley Riding Unlimited* activities at any location.

Date:_____Signature:_____

(Rider, Parent or Guardian)

PHOTO RELEASE: Optional

I hereby consent to and authorize the use and reproduction by ***Methow Valley Riding Unlimited*** of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional material, educational purposes or any use for the benefit of the program.

Date: _____ Signature: _____

(Rider, Parent or Guardian)

(FILL OUT BACK SIDE)

HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands of working or riding in a horsemanship program. Be sure to address fitness level, cardiac, respiratory, bone and joint function.

_____

_____

_____

Height: _____ Weight: _____

Have you recently been hospitalized or had surgery? Please explain:

_____

_____

_____

Do you have any allergies? _____ Are they serious? _____

To What? _____

Are you currently taking any medications? _____

If so, indicate what type of medication(s) and any precautions or possible side effects.

_____

_____

_____

Date of:

Last Tetanus Shot: _ _____ Last Physical Examination: _____

Do you have any history of mental health problems? _____ If so, explain:

_____

_____

_____

Do you have any health concerns not previously addressed? _____ If yes, explain:

_____

_____

_____

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in MVRU horsemanship programs.

Signature: _____ Date: _____
(Client, Parent or Legal Guardian)