

# 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.

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Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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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.

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Date of:

Last Tetanus Shot: \_\_\_\_\_ Last Physical Examination: \_\_\_\_\_

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

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

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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)