

RIDER EMERGENCY MEDICAL RELEASE FORM

Le Phantom Farm

703 – 316th St NE, Stanwood, WA 98292 * (425) 941-4678

Notice to ALL Riders:

To avoid any unnecessary delay in the event of an emergency, please complete the form below and sign where indicated:

Emergency Contact Name: _____ Telephone: _____

Medical Insurance Company: _____ Telephone: _____

Policy No: _____ Member No: _____

Primary Physician: _____ Telephone: _____

Prior Medical History: _____

Allergies: _____

Contact lenses/corrective lenses: _____ Date of last tetanus: _____

Release for Adult Rider:

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

Notice to Parents and Guardians:

In many situations, a minor child cannot receive emergency medical attention without the authorization of a parent or guardian. If you are not going to be personally present at Le Phantom Farm, you should consider using this form in conjunction with your child's activities at Le Phantom Farm. You should arrange for a responsible person accompanying your child to have this form available if required, or you may have it permanently on file with Le Phantom Farm management.

Release for Minor Rider:

If emergency medical care is required for my child, , and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

HARD HAT WAIVER

I, the undersigned, recognize the dangers inherent with horseback riding. I am assuming the hazard of this risk upon myself since I wish to ride horses. I realize I am subject to injury from this activity and that no form of preplanning can remove all of the danger that I am exposing myself too. I have been offered the advice of wearing a helmet, which could prevent permanent brain damage in the event of an accident. Against the advice of the Stable owner, and the insurance company, I am refusing this critical safety precaution. R.C. W. 4.24.53, 54, 55. I have read this entire Emergency Release & Hard Hat Waiver and agree to it.

Signature: _____ Date: _____