



True Vine Equestrian Center

www.truevineequestrian.org

EMERGENCY MEDICAL FORM

Riders Name (Please Print) _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone _____ D.O.B. _____

Rider's Disability _____

Physician's Name _____ Address _____

Phone No. _____ E-Mail _____

Person who is authorized to give temporary assistance or care in absence of parent or guardian:

Name _____ (Relationship) _____ Phone _____

Preferred Medical Facility: _____

Describe any medical condition requiring special precautions or treatment and any medications and dosage:

(A) None _____

(B) Please describe: _____

(c) Allergies: _____

In case of medical emergency, the undersigned authorizes _____

To provide such medical assistance as they determine to be necessary.

Insurance Carrier: _____

The undersigned authorized TVEC to notify emergency medical response care including such care be a licensed physician and/or medical care facility to provide medical/surgical care and/or hospitalized for the participant/rider participant in the equine activities at TVEC as such medical care provider deems appropriate under the circumstances, absent the presence of the undersigned parent or guardian or legal representative of the participant. No person will be accepted for equine activities with TVEC until this Emergency Medical Form has been completed by the parent or guardian of the participant. If the participant is age 18 or older, he or she must complete this from unless legally incompetent, in which case his or her legal guardian or representative shall complete the form and sign.

Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident,

Warning

Under the Michigan Equine Activity Liability Act, an equine professional (TVEC or any agent, employee or instructor, or volunteer for TVEC) is not liable for an injury to or the death of a participant in any equine activity resulting from an inherent risk of the equine activity.

Yes, I would like _____ to have riding instruction. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, including **True Vine Equestrian Center (TVEC)**.

Date _____ Signature of Parent/Parents or Guardian _____

Signature of Rider _____