

## Medical Release and Contact Form

**Name of Rider:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
**Parents (if minor):** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone: Best contact:** \_\_\_\_\_  
          **Alt Contact:** \_\_\_\_\_  
          **3<sup>rd</sup> contact:** \_\_\_\_\_

### **In Case of Emergency Contact:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Alt. Phone:** \_\_\_\_\_  
**Relationship to Rider:** \_\_\_\_\_

### **Medical Information**

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Medical Insurance:** \_\_\_\_\_  
**Plan/Group No.** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_  
**Medical Problems:** \_\_\_\_\_  
**Medication:** \_\_\_\_\_

The undersigned (and parent/guardian, if minor) consents to any x-ray examination, medical, or surgical diagnosis and hospital services that may be rendered to the rider or handler under the instruction of any physician or hospital. It is understood that this consent is given in absence of any diagnosis or treatment which may be required and is given to enable the center, its agents, and independent contractors, and hospital staff and physicians, to exercise their best judgment as to the necessity for the requirements of diagnosis and treatment. The undersigned (or parent/guardian of the rider/handler) shall pay for all fees for doctors, hospitals, ambulance, and any other medical charges incurred.

#### **Release:**

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

The undersigned assumes all responsibilities and risks from the use of riding of horses at North Texas Equestrian Center and adjacent bridle trails and further agrees to indemnify, hold harmless, and defend North Texas Equestrian Center, their trainers, employees, agents, independent contractors, officers and members of the board of governance from all damages and liability for any injury to the person or property of the undersigned, third parties or said indemnities, caused by the use, handling, or riding of horses at the premises by the undersigned. I have read and understand the rules of the North Texas Equestrian Center and understand that they may change from time to time. I agree to comply with such rules as they may be amended. I understand that there are risks involved in the use of the facilities and I assume the risk and waive any and all specific notice of such conditions.

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Name of Rider

Date

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Parent/Guardian

Adult Rider/Parent or Guardian Signature

How did you hear about us? \_\_\_\_\_