

**MEDICAL RELEASE  
AND EMERGENCY CONTACT**

PRINT NAME \_\_\_\_\_

CURRENT PHYSICIAN NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PERSON TO CONTACT IN EMERGENCY \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

HAS YOUR DOCTOR PLACED ANY RESTRICTIONS ON YOUR ACTIVITIES? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE THERE ANY REASONS WHY YOU SHOULD NOT PARTICIPATE IN EQUINE ACTIVITIES?

YES \_\_\_ NO \_\_\_

IF YES, PLEASE LIST: \_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICATIONS: (NAME, DOSE, FREQUENCY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY ALLERGIES? YES \_\_\_ NO \_\_\_

IF YES, PLEASE LIST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_