



SANDY RIVER EQUESTRIAN CENTER

MEDICAL RELEASE FORM

Before a rider is allowed to attend equestrian activities, the following information is necessary to grant permission for a rider to receive medical supervision/attention at Sandy River Equestrian Center. Serious medical attention needs would receive aid from the Axton Rescue Squad for treatment and transportation to Martinsville Hospital. Minor treatment would be by Suzanne Lacy and/or staff to treat cuts, abrasions, etc.

Rider's Name: _____
First Last Age/Birthdate

Address: _____

Phone: _____
Home/Cell Work Emergency

Parent's Name: _____
If Rider is Under 18 Name Phone

Emergency Contact: _____
Name Relationship to Rider Phone

Physician: _____
Name Phone Office Location

Insurance Information: _____
Company Name Policy Number Policy Holder

Allergies: _____

I hereby give my permission for the rider identified above to receive major and minor medical attention as described in this document during equestrian activities.

Date

Rider's Signature

Date

Parent's Signature
If Rider is Under 18