

**ADULT RIDER EMERGENCY INFORMATION AND CONSENT**  
**Dark Horse Stables**

**Rider Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**Person to contact in case of injury or illness to owner/rider:**

Name: \_\_\_\_\_  
Relationship to Rider: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Rider's Medical Information:**

Birth Date: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_  
Existing medical conditions: \_\_\_\_\_  
Allergies / Sensitivities \_\_\_\_\_  
Regular Medications: \_\_\_\_\_  
Personal Physician: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_  
Plan / Policy Number: \_\_\_\_\_

**Consent to Treatment:**

In the event that I am injured or become ill and am not conscious or otherwise capable of making an informed decision regarding medical care, I hereby consent to such emergency medical treatment as is deemed necessary and prudent by a licensed medical professional until such time as I regain consciousness or until the contact person designated above can be reached and consent to or decline treatment on my behalf.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_