

MEDICAL RELEASE

In case of emergency, please contact:

NAME: _____ PHONES: _____

RELATIONSHIP: _____

I, _____, authorize Rebecca Brown, Bethany Quine or other authorized agents of BuckBranch Farm or Triple B Interests, Inc. to seek or assign medical help for my child/children in case of an accident. I understand and accept the normal dangers associated with equestrian sports. I bind myself, spouse, heirs, legal representatives and assign and do hereby release, indemnify and hold harmless, Rebecca Brown, Bethany Quine, or other authorized agents of BuckBranch Farm or Triple B Interests, Inc and its employees for any accident which my child might experience through participation in this sport. I further warrant my child will obey all rules of the stable and use any and all safety equipment furnished.

DOCTOR: _____ PHONE: _____

ALTERNATIVE DOCTOR: _____

Medical insurance coverage is with: _____ Policy # _____

Please provide copy of your insurance card.

In an emergency, we will take the child to Baylor Hospital on Gaston Avenue unless another facility is requested. If the doctor listed above is not available,

I _____ do/do not want my child to be treated by the emergency room staff.

I _____ do/do not have a signed consent form on file at this hospital.

PARENT: _____ FOR (CHILD'S NAME): _____

DATE: _____ RIDER'S SOCIAL SEC # _____

RIDER'S DATE OF BIRTH: _____

PHONE NUMBERS (WORK/HOME/CELL) _____

ADDRESS: _____

****ANY ALLERGIES, MEDICAL, PHYSICAL, OR LEARNING DISABILITIES****

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____