



Jake E's Riding Round Up

RIDER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Rider's Name _____ Birth Date _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

If under age 18, Name of Parent/Guardian _____

Home Phone _____ Cell Phone _____ Work Phone _____

Attending Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

Preferred Medical Facility _____ Phone _____

Address _____ City _____ State _____ Zip _____

Health Insurance Company _____

Name of Policy Holder _____ Policy # _____

Describe any medical condition requiring special precautions or treatment _____

List any medications and dosage _____

List any allergies to medications _____

In case of medical emergency, the undersigned rider or guardian authorizes Jake E's Riding Round Up to secure and retain such emergency medical assistance and transportation as they determine to be necessary and proper. The undersigned rider or guardian authorizes release of rider records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Yes, I/my son/daughter/ward would like to participate as a rider. I understand that NO LIABILITY can be accepted by any organization concerned with this volunteer service, including Jake E's Riding Round Up in the event of any accident which may occur.

Rider's signature or if under 18 years of age, parent/guardian signature _____ Date _____

Rider Medical Non-Consent

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Jake E's Riding Round Up. In the event emergency treatment is required, I wish the following procedures to take place:

Non-consent rider's signature or if under 18 years of age, parent/guardian signature _____ Date _____

Print Full Name _____ Address _____