

LAST NAME OF PRIMARY PERSON \_\_\_\_\_

RESPONSIBLE FOR NAMED HORSE

**Participant's Information Sheet -to be completed by anyone riding**

**NAMED Horse:** \_\_\_\_\_

Select one:

**Primary Rider**  Generally the owner or whoever is fully responsible for the welfare of named horse

**Lessee**  Person who does not own the horse but is formally leasing under terms agreed upon with Primary Rider

**Authorized Rider**  Anyone who has been authorized to ride named horse by Primary Rider

**Owners name** if different from above: \_\_\_\_\_

**Participant's Information** [PLEASE PRINT INFORMATION CLEARLY]

**Participant's Name:** \_\_\_\_\_ **Nickname (if applicable):** \_\_\_\_\_

**Preferred contact phone:** \_\_\_\_\_ (text: yes/no) \_\_\_\_\_

**D.O.B. (if under 18 years of age):** \_\_\_\_\_

**I have completed and filed electronically via the Waredaca Website a Waiver of Liability**

**NOTE:** If Participant is a minor (under 18 years of age) parental permission for emergency medical treatment must be secured prior to participation.

**EMERGENCY CONTACT:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Preferred contact phone:** \_\_\_\_\_ (text yes/no) \_\_\_\_\_

**Riding Experience:**

**Style(s) of Riding:** \_\_\_\_\_ **# of Years:** \_\_\_\_\_

**Brief Summary of Riding and Handling Experience(s):** \_\_\_\_\_

Are you insured? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Emergency Care** – I authorize or agree:

- The Facility to administer emergency first aid, CPR, and use an AED when deemed necessary by the Facility.
- The Facility to secure emergency medical care or transportation (i.e., EMS) when deemed necessary by the Facility.
- The Facility to share my medical history with emergency medical personnel when deemed necessary by the Facility.
- To assume all costs and risks associated with emergency medical care and transportation.

**Signature** of Parent/Guardian of Minor Participant \_\_\_\_\_

**Date:** \_\_\_\_\_