

Pine River Stables Emergency Release Form

Participant's Name:

Parent's

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone Number:

(Home) _____ (Work) _____ (Cell) _____

In the event of an accident or illness requiring emergency medical care, and in the event that I cannot be contacted immediately, I hereby authorize the Pine River Stables, Inc Manager or other person in charge to secure such medical care as necessary.

Mother's Signature (or Guardian): _____ **Cell #:** _____

Father's Signature (or Guardian): _____ **Cell #:** _____

Date: _____

Pediatrician's

Name: _____

Pediatrician's Telephone #: _____

Name and telephone numbers of persons to be called in case of illness (other than those listed above):

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Known Allergies:

Present Medications:
