

**ROCKY RIVER STABLES OF MIDLAND, LLC. (RRS)  
CLIENT INFORMATION AND MEDICAL TREATMENT RELEASE FORM**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
LEVEL OF RIDING EXPERIENCE: Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ Showing \_\_\_\_\_  
DISCIPLINE: Western \_\_\_\_\_ English \_\_\_\_\_  
I understand that headgear is optional with Western discipline and mandatory with English discipline and that it is the responsibility of the rider to provide headgear. (Please acknowledge with your initials) \_\_\_\_\_  
DAY OF WEEK PREFERRED FOR LESSONS \_\_\_\_\_  
SPECIAL INSTRUCTIONS \_\_\_\_\_

**Please complete if rider is a minor child:**

|                       |                  |                  |
|-----------------------|------------------|------------------|
| PARENT/GUARDIAN _____ | Home Phone _____ | Work Phone _____ |
|                       | Cell Phone _____ | Pager _____      |
| PARENT/GUARDIAN _____ | Home Phone _____ | Work Phone _____ |
|                       | Cell Phone _____ | Pager _____      |

**Emergency contacts** (and persons authorized to pick up child if parents are not available).

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL / EMERGENCY TREATMENT INFORMATION: Please complete all sections.**

DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_  
DENTIST \_\_\_\_\_ Phone \_\_\_\_\_  
HOSPITAL OF CHOICE \_\_\_\_\_  
INSURANCE CO. \_\_\_\_\_ Policy / Group # \_\_\_\_\_  
List all ALLERGIES (insect, plant, food, drugs etc.) \_\_\_\_\_  
List any MEDICAL CONDITIONS (Diabetes, seizures, migraines, etc.) \_\_\_\_\_  
Date of last TETANUS SHOT \_\_\_\_\_  
MEDICATIONS: Please list any medications taken daily or as needed and dosage: (i.e. Riatalin, Adderall, inhalers or other prescription medicine) \_\_\_\_\_

The following medications are on hand at the stables. Medications will be given in a dose appropriate for the age/weight of a child. Circle the medications that are allowed to be given to your child while in the care of a RRS staff member.

**\*MEDICATIONS NOT CIRCLED WILL NOT BE GIVEN UNDER ANY CIRCUMSTANCES\*  
Brand or generic equivalent will be used.**

**ADULT OR CHILDREN FORMS OF: TYLENOL ADVIL MOTRIN BENADRYL MYLANTA TUMS  
NEOSPORIN OINTMENT ANTISEPTIC SPRAY BANDAGES**

My child, \_\_\_\_\_ has permission to receive the above circled medications from the RRS staff. I release the RRS staff from any liability should my child have any adverse reaction to any of these medications.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL, DENTAL OR SURGICAL TREATMENT / FIELD TRIP PARTICIPATION**

1. Permission is granted for the RRS staff to render first aid and to obtain the services of a licensed physician, and arrange for transportation to the closest hospital in case of the need for immediate medical attention for myself and/or the above named child.
2. Permission is also granted to the attending physician to render whatever treatment is medically necessary for the well being of myself and/or the above named child. The expenses incurred will be the responsibility of the person whose signature appears below.
3. I hereby release RRS owners, staff and/or volunteers from any and all liability in case of an accident or any other injury which might occur to myself and/or the above named child through administering first aid or transportation to a medical facility, and I hereby release RRS owners, staff and/or volunteers of liability of any injury incurred to myself and/or the above named child while riding or participating in any activity at Rocky River Stables.
4. My child has permission to attend field trips of which I will have prior knowledge of time and location. I hereby release RRS owners, staff and/or volunteers which may drive motor vehicles to and from fieldtrips from liability of any accident or injury which might result to myself or the above named minor child. This release will be valid from this day forth.

Signature of Rider, or Parent or Legal Guardian of Rider \_\_\_\_\_ Date \_\_\_\_\_

This form will be retained at the camp/riding stables and accompany you and/or above named child to the hospital in case of an emergency. It will be kept with the liability waiver and release form signed by you and provides evidence that you have read and understand the release form prior to signing.