

YOSEMITE LAKES PARK EQUESTRIAN CENTER
EMERGENCY CARD
(PLEASE PRINT)

Lot Number: _____ **Date:** _____ **Date of Birth:** _____

Riders (Last) Name: _____ **Riders (First) Name:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Mothers (Last) Name: _____ **Mothers (First) Name:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Fathers (Last) Name: _____ **Fathers (First) Name:** _____

Home Phone: _____ **Work:** _____ **Cell:** _____

Physician Name: _____ **Phone:** _____ **Hospital:** _____

ALTERNATE EMERGENCY CONTACTS

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

SEE REVERSE SIDE FOR LIABILITY RELEASE
PLEASE SIGN

Liability and Medical Release: I acknowledge that horseback riding is a sport which carries inherent risks and injury and damage to myself, others, horses and property.

I KNOWINGLY ASSUME ALL RISKS.

In consideration of my participation of riding at the Yosemite Lakes Park Equestrian Center I agree that I will defend, indemnify and hold harmless YLOA and any agents or employees of the above against all claims, demands and courses of action, including court costs and actual attorneys fees arising from any proceeding or lawsuit brought by or prosecuted for my behalf. This agreement is binding on my executors, heirs and assignees. My signature on this form acknowledges that I have read these liability and medical releases and I know and understand its contents.

Medical Release: I consent to any required x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care, which the agent deems advisable by and is under general or specific supervision of any licensed physician. It is understood that authorization is given in advance of any specified diagnosis treatment or hospital care required.

Signature (MUST BE 18 YEARS OR OLDER) _____

Relationship to Rider: _____