

Stoned Goat Farm

Emergency Rider Form

Name of Participant _____

Age of participant _____ Participant Birthday _____

Participant Address _____

Participant School (if applicable) _____

Participant Home Phone _____

Participant Cell _____

Participant Email _____

FOR MINORS ONLY:

Participant 1st Parent/Guardian Name _____

Relationship to Participant _____

Parent/Guardian Address _____

Parent/Guardian Cell _____

Parent/Guardian Email _____

Participant 2nd Parent/Guardian Name _____

Relationship to Participant _____

Parent/Guardian Address _____

Parent/Guardian Cell _____

Parent/Guardian Email _____

Please provide an alternate emergency contact in the event of an emergency where parents/guardians cannot be reached.

Emergency Contact Name _____

Emergency Contact Phone _____

Rider's Medical Information:

Last Tetanus Shot: _____

Existing Medical Conditions (please list all conditions)

Allergies/Sensitivities: _____

Physician Name _____ Physician Number _____

Hospital Preference _____

Health Insurance Provider _____

Insurance Group # _____ ID# _____

***Copy of Insurance Card Attached

Consent to Treatment: In the event that I am injured or become ill and am not conscious or otherwise capable of making an informed decision regarding my medical care, I hereby consent to such emergency care and emergency calls as are deemed necessary and prudent by STONED GOAT FARM owners and staff until a medical professional arrives, or until such time as I regain consciousness, or the designated person above can be reached and consent to or decline treatment on my behalf. I agree to hold STONED GOAT FARM owners and staff, instructors, and contractors harmless for care given in such an emergency situation and I agree that I am responsible for all costs incurred as a result of such an accident.

IF UNDER 18 A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM. _____

Participant Name

date

Parent/Guardian Name

date