



2011 MEDICAL HISTORY AND RELEASE

(To be Completed in Full by Each Rider and Handler)

Information below is intended solely for Legends Equestrian Centers use in aiding the rendering of appropriate emergency care. It is not used as a device for the screening of riders and handlers.

Students Name _____ Age _____ Sex _____

Address _____ Phone _____

Pager #

Cellular Phone #

E-Mail Address

Have you had any spinal or coronary injuries or defects or been diagnosed as having an arthritic condition?

Yes

NO

If "YES", give details _____

Date of most recent tetanus inoculation (state, "none" if applicable): _____

Are you allergic to any medication? Yes NO

If "YES", indicate all known allergens: _____

Are you allergic to any specific foods, or have any special dietary needs that Legends needs to be aware of?

Yes

NO

If "YES", indicate all known allergens or food items that should not be ingested: _____

Have you ever been advised by a doctor not to participate in equestrian sports? Yes NO

If "Yes", give details: _____

Do you have any condition or handicap that might impair your ability to participate in any equestrian sport?

Yes

NO

If "Yes", give details: _____

Do you have any prior injuries that may impair your ability or cause pain when participating in any equestrian sport?

Yes

NO

If "Yes", give details: _____

IN CASE OF EMERGENCY CONTACT:

Mothers Name _____ Phone _____

Work #

Cellular Phone #

E-Mail Address

Fathers Name _____ Phone _____

Work #

Cellular Phone #

E-Mail Address

Other Contact _____ Relationship (if any) _____

Work #

Cellular Phone #

E-Mail Address