



Emergency Health Consent Form: Rider & Horse

Required form: All riding participants and horses are required to have this form. This is for safety precautions for exhibitors and their animals. No Exceptions. Please include this form with your registration form, class & stall fees, and your 4-H Ethics form* (*4H members)

RIDER HEALTH INFORMATION (All Ages must complete):

Rider Name: _____

Address: _____

Phone #: _____

Do you have a physical/behavioral condition or chronic illness that Event Staff, Barn Supervisors, or Club Leaders should be aware of? (i.e. asthma, allergies, diabetes, etc.) Yes____ No____

If Yes, please describe and list necessary treatment: _____

Are there any limitations or restrictions on your activities? _____

Date of last Tetanus immunization: _____

Insurance Company/Policy#: _____

Physician's name/#: _____

As adult individual or the parent/legal guardian of the above individual, I hereby give my consent for the above named person to participate in San Juan County horse events. I understand there is a risk of injury or loss to my child, horse, or equipment including, but not limited to, falls, collisions, animal bites or kicks, exhaustion, bee stings, effects of the weather, or vehicle accidents. I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors and administrators may have or accrue against Washington State University Extension, the San Juan County Fair, their representatives, agents, and volunteers, arising from any injuries, physical or mental, suffered in connection with 4-H or San Juan County Fair sponsored activities. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician on duty at the

nearest medical facility to secure proper treatment for my child including hospitalization or surgery. I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Rider Signature: _____

If Rider is Under 18 (parent must sign for above statement waiver):

Parent Name (print): _____

Parent Signature: _____

Parent Contact Phone: _____

HORSE EMERGENCY TREATMENT AUTHORIZATION

It is the responsibility of the parent/owner to have an emergency care plan for their horse. If I(Owner of Horse) am not present at event I direct the San Juan County Fair Horse Leaders to take the following action in the event of an emergency requiring veterinary care:

I (owner of Horse) have checked my treatment option(s) below (mandatory)

1. Take no action other than contacting me. I accept the consequences of delayed action if I cannot be reached.

2. Contact my regular veterinarian;
Dr. _____
Phone# _____.

He/She has my permission to perform treatment which is necessary in his/her professional opinion.

All veterinarian expenses are at owner's expense.

3. ** Contact local veterinarian,
Dr. _____,
phone _____ or
Dr. _____,
phone _____ if I, or my regular veterinarian can not be reached.

All veterinarian expenses are at owner's expense.

Horse Owner Signature:

X: _____

Date: _____

** Event staff will make every effort to notify parent/owner prior to treatment of horse

