



## Carriage Hill MetroPark Riding Center Emergency Medical Form

Rider's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Rider's Nickname (if they have one): \_\_\_\_\_

Parent/Guardian (if under 18) \_\_\_\_\_

Rider's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Who will be picking up the student after camp/lessons? \_\_\_\_\_

Please describe any medical conditions you feel we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the rider have any special conditions or limitations the staff should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Additional Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

\*If student is under 18 years of age, parent or guardian must sign emergency medical form.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release

I hereby consent to and authorize the use and reproduction by Five Rivers MetroParks of any and all photographs and other audiovisual materials taken of me/my son/my daughter/my ward) for promotional printed material, educational activities or for any other use for the benefit of the program.

Parent/Guardian/Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_