



Jason & Susan McArdle
16003 Via de Santa Fe
Rancho Santa Fe, CA 92067

MEDICAL CONSENT

I, _____, hereby grant Jason and/or Susan the authority to obtain medical treatment for the following minor _____ . The above care provider(s) are authorized to obtain medical treatment and procedures for the minor as may be appropriate for emergency circumstances, including treatment by physician, hospital, or clinic personnel and other appropriate health care providers.

Signature of Parent or Guardian: _____

Date: _____

Printed Name of Parent or Guardian: _____

INSURANCE INFORMATION

Insurance Company: _____

Name of Insured: _____

Policy or Group Number: _____

Employer of Insured: _____

Minor's Name: _____

Minor's DOB: _____

Family Physician: _____

Physician's Phone Number: _____

Allergies to Medication: _____

Comments: _____



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RIDER INFORMATION

Rider's Full Name: _____

Rider's Phone Number: _____

Emergency Contact Full Name: _____

Emergency Contact Phone Number: _____

Mother's Name & Number (if Minor): _____

Father's Name & Number (if Minor): _____

Email: _____

Rider Date of Birth: _____

Mailing Address: _____

Horse's Registered Name: _____

Rider's USEF/USHJA Number: _____

Horse's USEF Number: _____

Horse's Owner Name and USEF Number: _____

PCHA Number: _____

CPHA: _____



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RELEASE AND HOLD HARMLESS AGREEMENT

The Participant, _____, acknowledges the inherent risks that are involved in riding and being in close proximity to horses. These risks may include, but are not limited to, damage to personal property, illness, bodily injury, trauma, or death.

The Participant further understands that both horse and rider can be injured in the normal course of events and therefore agrees to indemnify and hold harmless Jason McArdle, Susan McArdle, and McArdle Equestrian, it's Staff and Employees. The Participant further agrees to release them from any liability for any accident, injury, damage or death to the Participant or any property or horse the Participant owns, leases, rides or to any family member or spectator accompanying the Participant.

Signature of Participant or Parent/Guardian if on behalf of a Minor Date:

Printed Name of Participant or Parent/Guardian if on behalf of a Minor

Printed Name of Minor Participant