

THE BUFFALO EQUESTRIAN CENTER

950 AMHERST STREET, BUFFALO, NEW YORK 14216

PH: 716.877.9295 FAX: 716.877.4001

BECANDBTRC@AOL.COM ~ WWW.BUFFALOEQUESTRIANCENTER.ORG

PLEASE CHECK ONE: Member Lessons Summer Camp Other _____

(specify)

Date: _____

RIDER APPLICATION AND MEDICAL AUTHORIZATION

PLEASE PRINT CLEARLY

Rider's Name: _____ DOB: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Height: _____ Weight: _____

Place of Business (adult only): _____ Phone: _____

Riding Experience: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Physician's Name: _____ Phone # _____

Health Insurance Company: _____ Policy #: _____

Allergies (medications, food): _____

Current medications: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize The Buffalo Equestrian Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent, or Legal Guardian

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RELEASE

In consideration of taking lessons, riding horses and using the facility at The Therapeutic Riding Center / The Buffalo Equestrian Center, Inc., I , individually, and/or as parent/guardian of the below named minor(s), do hereby consent to assume all risks in connection with such lessons, horseback riding, and use of the facilities, and agree to waive, release, and discharge The Buffalo Therapeutic Riding Center / The Buffalo Equestrian Center, Inc., its officers, employees, and members, from any and all liability, claims, and actions whatsoever for damages or injury (including fatality) to me and/or said minor(s) by reason of such lessons, horseback riding, or use of facilities or otherwise. I further agree to indemnify and hold harmless The Buffalo Therapeutic Riding Center / The Buffalo Equestrian Center, Inc. against any loss or damage which it may sustain in consequence of my use or said minor's use of the horses and facilities and no other agreement, either verbal or written, will in any manner affect this release, which shall be binding upon the heirs, executors, and administrators of myself and/or of the said minor(s) listed hereon.

Notarized

Individually and/or as parent/legal guardian
Of the following minors:

Date

