

Medical Authorization

In the event that the above- named student/ rider requires medical treatment on account of any accident or injury which may occur in connection with any activities at Equi-Best Equestrian Center, its agents, and/or representatives are hereby given full authority to provide all such necessary emergency treatment for the above-named student/ rider.

Student/Rider: _____ Date: _____

Parent/Guardian: _____ Date: _____

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

PHOTO RELEASE FORM

I give my permission for my children to be photographed while attending Equi-Best Equestrian Center. These photos may be used on our website, facebook, and other forms of advertising/ media. The photos will be used to promote Equi-Best Equestrian Center.

Child's Name: _____

Parent/Guardian: _____

Date: _____