



CONTRACT-Effective Sept. 1, 2005

Ridgemark Farm Lesson Program and Training Contract

Rider Info

Name: _____ Date of Enrollment: _____

Address: _____

Phone (home): _____ Phone (cel): _____ Phone (work): _____

Phone (fax): _____ Email: _____

Emergency Contact Name: _____ relationship to rider: _____

Emergency Contact Number: _____ Emergency other number: _____

Date of Birth: _____

Existing medical conditions (allergies, medication on, etc.): _____

Health Insurance Carrier: _____ Plan #: _____

Authorization to Consent to Treatment of a Minor and Unconscious Adult Participant

I/we the adult participant or the parent(s)/guardians(s) of a minor, do hereby authorize any adult instructor of Ridgemark Farm / Laura Hartwick / Vicki Rose to act as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any phsuician or surgeon licensed under the general or specific medicine practice art, whether such diagnosis in treatment is rendered at the office of said physician or at the hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hosptial care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hosptial care which the afore-mentioned physician in the exercise of his/her best judgement may deem advisable. I/we understand that we are responsible for any and all expenses incurred. This authorization shall remain in effect indefinitely, unless sooner revoked in writing and delivered to Ridgemark Farm.

I/We have read and agree to the Medical Consent.

Adult Participant's Signature _____

Printed Name _____ Date _____

Both parental signatures are necessary if shared custody of minor (under 18 years)

Father's/Guardian's Signature _____

Father's Printed Name _____ Date _____

Mother's Signature _____

Mother's Printed Name _____ Date _____

I've read, understand, and agree to abide by the policies put forth in the Training Contract, Info and Rate Sheet

Signature _____