Summer Camp Health Form

1. I certify that the rider/participant is currently covered by accidental-medical insurance and will remain insured for the duration of all horse related riding, instruction and activities as well as all other non horse related activities at Happy Trails (2012A Sunset Avenue, San Diego, CA 92154). _____ (Initial here)

Name of Insurance Company _____ Policy Number: _____

Person to Contact in Case of an Emergency:

1. Name: _____ Phone_____ Relation: _____

2. Name: _____ Phone_____ Relation: _____

EMERGENCY CARE AND MEDICAL RELEASE

I the undersigned, and/or parents of the minor applicants identified below, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service and/or emergency medical evacuation that may be rendered to themselves or said minor under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required but is given to encourage Happy Trails and all of their officers and employees and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospital, ambulances, paramedics and other medical charges reasonable and necessarily incurred. This release shall be in full force and effect until it is withdrawn by applicant or applicant's parent or guardian.

Full Name(s) of child or ward if underage or guardianship:

Name: _____ Age_____

Name:_____ Age_____

Name:_____ Age_____

Signature of Parent or Guardian:_____ Date_____

Listed below are the details of any allergies, ailments or handicap the above named child/ student/ rider/ participant may have, and which Happy Trails should be aware.

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