

**EMERGENCY CONTACT INFORMATION/EMERGENCY MEDICAL  
PERMISSION**

*(Please Print unless indicated)*

NAME OF RIDER/PARTICIPANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ANY KNOWN ALLERGIES \_\_\_\_\_

ANY CURRENT MEDICATIONS \_\_\_\_\_

(If Minor)

NAME OF PARENTS/GUARDIANS \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

WORK TELEPHONE NUMBER \_\_\_\_\_

CELLULAR TELEPHONE NUMBER \_\_\_\_\_

PAGER NUMBER \_\_\_\_\_

IN CASE OF EMERGENCY – OTHER CONTACT INFORMATION

PERSON \_\_\_\_\_

RELATIONSHIP TO RIDER/PARTICIPANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

In the event of a Medical Emergency resulting from injury or illness while on the premises or in relation to activities at Riversong Ranch, Inc., I grant permission to the managers, instructors, or owners of Riversong Ranch, Inc., to make decisions in my absence (if relating to a minor) or incapacity (if relating to injury to myself) for medical assistance from qualified medical emergency personnel.

\_\_\_\_\_  
Signature of Rider (in case of minor – Parent and/or Guardian                      Date