

Franktown Meadows

EQUESTRIAN FACILITY

4200 Old US Hwy 395 North, Washoe Valley, NV 89704 * P (775) 849-1600 * F (775) 849-1611 * lynne@franktownmeadows.com

MEDICAL AUTHORIZATION

YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

Participant(s) _____ Age(s) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Name of Physician _____ Phone _____

Allergies (to medications, etc.) _____

Name of Parents/Legal Guardian _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

MEDICAL AUTHORIZATION. In case of an emergency which occurs when the participant is on the FRANKTOWN MEADOWS, Inc.'s premises for which immediate hospitalization, medical attention or surgery is needed and consent cannot be obtained from an appropriate person and/or in a timely manner, FRANKTOWN MEADOWS, Inc. is hereby authorized, in its sole discretion, to give consent to, but is not obligated to consent to, any emergency medical treatment, including, but not limited to, emergency care, drugs, hospitalization, ambulance transport, surgery, or any other type of medical treatment, all of which costs, fees and charges shall be paid by the undersigned (if a Minor, by his/her parents or legal guardian). FRANKTOWN MEADOWS, Inc. shall not incur any liability to the undersigned participant (or to his/her parents or legal guardian) for acting or refraining from acting hereunder.

Participant _____ Dated _____

Parent/Legal Guardian _____