San Juan County Parks, Recreation & Fair Department www.sanjuanco.com/parks

cannot be reached, I hereby give permission to the physician on duty at the nearest medical facility to secure proper treatment for

my child including hospitalization or surgery. I have read,



350 Court Street # 8 Friday Harbor, WA 98250 P: 360-378-8420 ● F: 360-378-2075

Emergency Health Consent Form: Rider & Horse

Required form: All riding participants and horses are required to have this form. This is for safety precautions for exhibitors and their animals. No Exceptions. Please include this form with your registration form, class & stall fees, and your 4-H Ethics form* (*4H members)

RIDER HEALTH INFORMATION (All Ages must complete): understand, and agree to the above listed statement and do sign this agreement of my own free will. Rider Name: _____ Rider Signature: Address: If Rider is Under 18 (parent must sign for above statement waiver): Parent Name (print): Do you have a physical/behavioral condition or chronic illness that Parent Signature: Event Staff, Barn Supervisors, or Club Leaders should be aware of? Parent Contact Phone: (i.e. asthma, allergies, diabetes, etc.) Yes No If Yes, please describe and list necessary treatment: HORSE EMERGENCY TREATMENT AUTHORIZATION It is the responsibility of the parent/owner to have an emergency care plan for their horse. Are there any limitations or restrictions on your activities? If I(Owner of Horse) am not present at event I direct the San Juan County Fair Horse Leaders to take the following action in the event Date of last Tetanus immunization: _____ of an emergency requiring veterinary care: I (owner of Horse) have checked my treatment option(s) below Insurance Company/Policy#: (mandatory) 1. Take no action other than contacting me. I accept the Physician's name/#: _____ consequences of delayed action if I cannot be reached. 2. Contact my regular veterinarian As adult individual or the parent/legal guardian of the above individual, I hereby give my consent for the above-named person Phone# to participate in San Juan County horse events. I understand there He/She has my permission to perform treatment which is is a risk of injury or loss to my child, horse, or equipment including, necessary in his/her professional opinion. but not limited to, falls, collisions, animal bites or kicks, All veterinarian expenses are at owner's expense. exhaustion, bee stings, effects of the weather, or vehicle 3.** Contact local veterinarian accidents. I also hereby waive and forever discharge claims for Dr. damages which the above listed individual, their heirs, executors, phone and administrators may have or accrue against Washington State Dr. University Extension, the San Juan County Fair, their phone _if I, or my regular representatives, agents, and volunteers, arising from any injuries, veterinarian cannot be reached. physical or mental, suffered in connection with 4-H or San Juan All veterinarian expenses are at owner's expense. County Fair sponsored activities. In case of emergency, I **Horse Owner Signature:** understand every effort will be made to contact me. In the event I X:

^{**} Event staff will make every effort to notify parent/owner prior to treatment of horse