

Horseback Trail Riding Consent Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Medical Information

Relevant Medical Conditions or Allergies

Medications Being Taken

Experience Level

Riding Experience

Acknowledgement & Consent

By signing below, I acknowledge the risks associated with horseback trail riding and agree to follow all safety instructions provided by the staff.

Signature

Date