



**FIVE STAR EQUESTRIAN
CLIENT INFORMATION PROFILE**

All participants/parents/guests MUST complete this form before participating in any horse related activities. Signatures are REQUIRED prior to participation.

Client Profile:

Client Name: _____	Sex (M/F): _____
Birth Date: _____	Age: _____
Parent/Guardian: _____	Email: _____
Address: _____	Home #: _____
_____	Cell #: _____

Emergency Contact: _____ Phone #: _____

Doctor's Name – Preferred Facility: _____ Phone #: _____

Health Insurance/Policy #: _____ Phone #: _____

Allegies or Other Medical Concerns: _____

Consent for Medical Treatment (Minor):

As the parent or legal guardian of the above-named Participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent. By signing below I authorize Five Star Equestrian to (1) Secure and retain medical treatment and transportation as needed, (2) Release client records upon request to medical and emergency personnel. If an alternate plan is necessary, please complete the Non-Consent Alternative Form prior to participation in any activity with the Horsing Around horses (on back).

X _____ Date: _____
Signature of Parent/Guardian/Participant Over 18 Years of Age

Address: _____ Phone: _____

Additional Medical Information (please attach separate sheet as applicable)

Please describe the current health status of the Client regarding the physical & emotional demands of a riding program. Address Fitness, cardiac respiratory, bone or joint function, recent hospitalization/surgeries, psychiatric or neurological conditions, or lifestyle changes. Please list any medications currently being taken. Also note anything the Client is sensitive to and what behaviors are important for us to know about. There is more room on the back if necessary.

Liability Release Form:

I have carefully read the attached Five Star Equestrian Agreement and Liability Release and fully understand its contents. I understand that it is a complete release of liability and a promise not to sue or make a claim. I am aware that it is a contract between myself and Five Star Equestrian. I sign in agreement of this contract of my own free will and have full authority and capacity to do so.

X _____ Date: _____
Signature of Parent/Guardian/Participant Over 18 Years of Age

Address: _____ Phone: _____

Five Star Equestrian Lesson Policies & Barn Rules:

I have received a copy and carefully read the Five Star Equestrian Lesson Policies and Barn Rules for Clients, Parents, and Guests, which outlines policies and procedures regarding, but not limited to behavior around the barn, Services and Fees (when applicable), Participation/Session Requirements, and the nature of our liability agreement. I understand and agree to adhere to and be bound by the guidelines and agreements described within these documents.

X _____ Date: _____
Signature of Parent/Guardian/Participant Over 18 Years of Age

Non-Consent Alternative Medical Plan:

I do not give consent for emergency medical aid/treatment. In the event emergency medical aid/treatment is required due to illness or injury, I wish the following procedure to take place:

Consent Name (Please Print Carefully): _____

X _____ Date: _____
Signature of Parent/Guardian/Participant Over 18 Years of Age

Additional Comments: