

ZALUSKY RIDING SCHOOL, LLC
MEDICAL INFORMATION AND TREATMENT RELEASE - PRINT LEGIBLY

Name		Rider #	
Address			Unit
City	State	Zip	Country
Date of Birth	Gender	Male Female	Blood Type
Primary #	Secondary #		

Emergency Contact

Name		Relationship	
Address			Unit
City	State	Zip	Country
Primary #	Secondary #		

Insurance Information

Company		Phone #	
Group/Plan		Policy #/ID	

Medical History:

Drug Allergies:

Current Medications

Heart Disease: No Yes High Blood Pressure: No Yes Diabetic: No Yes

Insulin: No Yes Contacts: No Yes

Head Injuries, including concussions? Date: _____

Other Injuries? Describe: _____

I hereby certify that the statements made in this release are complete, true, and correct to the best of my knowledge. I understand that I have a continuing obligation to report to Zalusky Riding School, LLC, any information of a nature that may affect my ability to participate in ZARS Events. I further understand that misstatements made in this application may result in disciplinary action, suspension or expulsion from Zalusky Riding School, LLC, sponsored events.

In addition, the undersigned consents to be given medical services at the scene of the emergency, said scene shall include trackside site of the incident causing the emergency and any first-aid or emergency medical services facility located at racing facility. The undersigned understands that such emergency medical services will be rendered in accordance with and reliance on various Minnesota statues designed to encourage the giving of emergency medical services without liability or civil damages.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

Signature of Parent: _____ **DATE:** _____

Guardian or person with legal custody signature is required if participant is a minor. I hereby confirm, consent and agree to the forgoing.