



Participants Info Sheet

PARTICIPANT ONLY

Quick grab Emergency Sheet for Participants.

(Please update if changes occur)

Name: _____

Phone: _____

Emergency contact numbers:

Name: _____ Relation: _____ #: _____

Name: _____ Relation: _____ #: _____

Preferred hospital: _____

Allergies: _____

Meds we need to know about: _____

Age: _____ DOB: ____/____/____

Signature: _____ Date: ____/____/____

Print Name: _____

Current: FA _____ CCPR _____ ACPR _____ AED _____



If you decide to not release this medical information to Smart with Heart, please initial this box releasing the Organization, its Board Members, Instructors, Staff, Horse Owners and other volunteers from liability in emergency situations.

Signature: _____ Date: ____/____/____