



# 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 \_\_\_\_\_

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**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: \_\_\_\_\_