

The following information is intended to assist Ti Tree Hills Horse Treks in case of any emergency with you/your child. Learning or physical difficulties need to be discussed, so the instructors/staff are able to accommodate accordingly.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Guardian (if under 18):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Please Circle:** Any pre-existing medical or note below any other condition/s that may affect or risk other persons or myself.

Asthma, Diabetes, Epilepsy / Fits, Fainting / Dizziness, Blackouts / Migraines, Disability, Heart / Blood Condition, Allergic Reactions, Pregnancy, Uneven Pupils, Recent Injuries, Medications, Other:

*Please provide details :*

**Disability:**

*Describe/Explain -*

*Medication or Learning Aids -*

**Injury:**

*Explain -*

*Medication? (Name of medication, dosage, frequency) -*

**Health Concern:**

*Describe/Explain Symptoms -*

*Medication? (Name of medication, dosage, frequency) -*

**Learning Need:**

*Describe/Explain -*

*Medication or Learning Aids -*

**Head or Back Injury:**

Have you had a concussion/head injury in the past 8 weeks? Yes / No (Please circle answer)

Have you previously suffered from a neck/spinal injury? Yes / No (Please circle answer)

If yes - please explain this injury:

**Allergies**

*Describe Reaction/Symptoms -*

*Medication? (Name of medication, dosage, frequency) -*

**Medication** - Is it necessary for you or your child to carry medication at all times? Yes / No (Please circle) If yes:

Name of drug:.....Dosage.....Frequency.....

Please provide this medication to the head guide.

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**Consent To Medical Attention** I authorize the guide in charge to administer first aid and call an ambulance if necessary for the medical attention of myself or the child. I agree to bear any cost thereby incurred.

The Operators of Ti Tree Hills Horse Treks will exercise due care and skill in providing each horseperson with a suitable horse and conduct the trek on, keeping in mind the welfare and safety of the guest.

By signing this document I am confirming my understanding that equestrian activities, including horseback riding are potentially dangerous activities which involve certain inherent hazards and risks and no amount of care, cautious, instruction or expertise can eliminate the inherent dangers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian signature if the rider is a minor)

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This form has been filled in in full and to the best of my ability. I am prepared to ride and take responsibility for any increased risks to myself or my minor that may result from current injury, medical condition, allergy, health concern, or disability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian signature if the rider is a minor)