

**PHOENIX RISING SANCTUARY
EMERGENCY CONTACT INFORMATION**



In the event of an equine related accident and/or injury while on the premises of Phoenix Rising Sanctuary we require emergency contact information for each participant and authorization to release said participant to emergency personnel for treatment in the case that .

Medical Attention:

In the event of any incident which may require immediate medical/dental or any other emergency attention/care, in which the Parent/Legal Guardian/Emergency Contact cannot be notified in a responsible time through reasonable means, I hereby authorize Phoenix Rising Sanctuary to take all necessary actions as it relates to immediate medical training attention, transportation and emergency medical services as warranted in the course of care of the undersigned student. I realize that I will be responsible for all fees and expenses as they may relate to this medical attention paragraph.

Signature of Participant/Parent (if participant is a minor)

Date

Name of Participant (Please Print)

Address of Participant

Contact Phone Number

Email Contact of Participant

IF MINOR IS PARTICIPANT:

Name of Parent/Guardian (Please Print)

Date

Parent/Gardian Home Phone

Parent/Gardian Work or Cell Phone
(Use Best Contact Number)

**Emergency Contact
(Please Print Name)**

Emergency Contact Phone